If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 7 1032	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory of	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PL

CAUSE OF mation sho

STATE OF MARYLAND—	CERTIFICATE OF DEATH #3219
1. PLACE OF DEATH	(%) a)
County W a plumaton	2 Paris 12 Pin 1 (30) 2/
WITHIN GORPORATE LIMITE OF	Registration Dist. No. 302
Village or City May WI LOWW	ND. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Savid and	MAN
(a) Residence: ND. (Usual place of abode)	181, 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White and wife the ford)	Than 13, 193.3
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF	22. HEREBY CERTIFY, That I attended deceased from
many and men	Jeh. 10, 1932, to Mar 12, 1932
5. DATE OF BIRTH (month, day, and year) Cafer, 12/160	liast saw h elive on
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et J. 20 A.m.
7/ // 0 1 day,hrs. or-,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	1 Cerebra Hemourbay a 2/2/32
9.1ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
1D. Data deceased last worked at 3//2 11. Total time (years)	
this occupation (month and year) spant in this 1742	,
A Do a la l	Other Contributory Causes of importanco:
(State or country)	Apotalic premoura 3/10/32
13. NAME LOOT, QUI do MA ALA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13. NAME TO , CHICALORS	
LA BIRTHPLACE (city or town) Blankfruig	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?ho
15. MAIDEN NAME COM Truffer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - & lease figures	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
7, INFORMANT N. G. auderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address) 102 & wash, Sto	
8. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Nage 1900 W. Date	Nature of injury
9. UNDERTAKER DENSULEY TONO	24. Was disease or Injury in any way related to occupation of deceased? 26
(Address) Naguvitavi und	If so, specify
5-14-132-10 KASHB-1060	(Signed) Vataller , MD

(Address)

Registrar.

ma

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	1921	Run over by street ear	1 week ago
Cerebral hemorrhage AFR 7 1939	July 5,1927	Perilonitis	3 days ago
BURLAU V.S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

STATE	OF	MARYLA	ND-CI	ERTIFIC	ATE	OF	DEAT	Ή
					and the same of th			

03220

1. PLACE OF DEATH (93-C)	
County Washington Registration Dist. No.	302
Village or City Dagaiston No. Beliand Village or City	~
(If death occurred in a hospital or institution, give its NAME instead of a	St., Ward
Length of residence In city or town where death occurredyrsmosds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME John Banks	
(a) Residence: No. 13 elberoce Howe St. 5 Ward.	
(Usual place of abode) If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	ATH .
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) White 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write tha word) (Month) (Month) (Ogy)	193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (c) WIFE of (2) I HEREBY CERTIFY. That I	
(or) WIFE of 22. I HEREBY CERTIFY, That !	ettanded deceased from
6. DATE OF BIRTH (month, day, and year) Rusur 1 last saw h win alive on unch 1 5	103 2 double and
7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 11-30 / m.	, 139, death is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of imports	ance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data daceased last worked at this occupation (month end spent in this	
year) occupation Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) Name of operation	
14. BIRTHPLACE (city or town) Name of operation	Date of
(State or country) What test confirmed diagnosis? Was	thera an autopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In elso the Accident, suicide, or homicide? Oate of injure	
Accident, suicide, or homicide?Oate of injur	3.
Where did injury occur?	
Specify city or town, count specify whether injury occurred in INOUSTRY, In HOME, or in Pt (Address)	ty aud State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Placa Hagustown Ma Date Han 16 , 193 2 Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of dece (Address) Hageratory Was 15 so, specify	
(Signed) Fredmik H. hull	M D
Registrar. (Address) Janua W	u M

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- E		
- V	. D. /		
Other contributory causes of importance:	- James Barri	Other contributory causes of importance:	
Gallstones	May 1,1923.	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

-WRITE IL	mation shoul	CAUSE OF	TION is very
m			
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1. PLACE OF DEATH	93
County (bashington	Registration Dist. No. 3AS
Village or City 5 and Man - Fahrung Length of residence In city or town where death occurred vrs. 6 mbs	1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
9 7 3	aOds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Somewhat Place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Much 23 2 (Month) (Day) (Year)
HUSBAND of Catherine Byes.	22. I HEREBY CERTIFY, That I attended deceased from 22 1932, to March 23, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.4m.
74 // /3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic Mydandiles 542
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Near Shippensburg (State or country)	Other Coutributory Causes of importance:
# 13. NAME Jacob m. Byers	
13. NAME Jacob M. Byers.	Name of operation Data of
(State of County) Change and Co. Fa.	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Mary and Strike 16. BIRTHPLACE (city or town) (State or country) Cumbelland Co. Pa., 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVA Permodate Mar. 25., 1932	Manner of injury
19. UNDERTAKER WM F Bast Flory (Address) Boursons MA.	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED March 23, 1922 William J. Bast	(Signed) . W. Kellan M. D. (Address) Books on aboro.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	APR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAUV	July 5,1927	Peritonitis	3 days ago
	1			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A-fee	STATE OF MARYLAND	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	1020
	county It assignatory.	Registration Dist. No. 304
should f OCC	Mar h	
sho of O	Village or City / fuce coci Co	No. St., War- death occurred in a horpital or institution, give its NAME instead of street and number)
200 41	Length of residence in our where death occurred year	as Bow long in U. S. if of foreign birth? vrs. mos.
Every MANS STANS Sment	(1 / 1 / Year)	(sous ord.
0.31	2. FULL NAME () Klein / Lyn	Coowing
RD. Every YSICIANS statement	(a) Residence: No News Cohill Staling	SI MUNCI
	(Usual place of abode)	If nonresident give city or town and State
RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A S E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH
ZH ZH H	fr. W. Dugle	(Month) (Day) (Year)
IDING MANEN A C T I assified	5a. If married, widowed, or divorced HUSBAND of	
BINDIN PERMANH E X A C T y classifie	(or) WIFE of	22. HERERY CERTIFY, That I attended deceased fro
Cla XX Z	11, 51	, 19 , 10 , 19 , 19
BIN PERM EX Iy cla	6. DATE OF BIRTH (month, day, and year)	I last saw h; death is sai
FOR B. IS A PE stated E properly	7. AGE Years Months Oays If LESS than	to have occurred on the date stated abovo, at 8 -104'm.
FOR IS A J stated proper certifica	1 day, hrs. or min.	The PRINCIPAL AUSE OF DEATH and related causes of importance were as 10llows
H H R E S	8 Trade profession or particular	Troubly - Vnew Out of one
ED ED be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RESERVED G INK—THIS GE should be that it may be ons on back of	7. Industry or business in which	
ERVI K-T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
SE S	10. Date deceased last worked at this occupation (month and spant in this	
RES I VGE I that	year) occupation	
7 4 - 9	12 PIRTURI ACT (STANDARD STANDARD STAND	Other Cuntributury Causes of importance:
IN I	12. BIRTHPLACE (city or town) (State or country)	
MARGIN UNFADII supplied. n terms, so		
	13. NAME 11. BIRTHPLACE (city or town) 11th Br leave med]
MA H U Sun t	14. BIRTHPLACE (city or town) Alle Bor Leaves med	Name of operation Oate of
	(Sizie of Country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WITJ be carefully EATH in pla	15. MAIDEN NAME QUA CARL Hoyd 16. BIRTHPLACE (city or town) Pleases X Roads III	23. 11 death was due to external causes (VIOLENCE) fill in also the following:
f, are H i	5 16. BIRTHPLACE (city or town of Leaves X Kondo 74/	Accident, suicide, or homicide? Oate ol injury, 19
INLY be ca EATI	∑ (State or country)	Where did injury occur?
	Life Company	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
P. D. D. OF D. Very	17. INFORMANT XICLIAN CONTROL (Address) Price Coll (Collaboration)	open, when injury section in most with minute, of in tobally report.
	18. BURIAL, CREMATION, OR REMOVAL	Manage at injury
	Plate Alexan & Roads Date 3/10 19:35	Manner ol injury
WRIT CAUSI	V.1. 0/ 1	Nature of injury
L A B A C	19. UNDERTAKER & Cllus Common A	24. Was disease or jointry in any way related to occupation of deceased?
g. No.	(Address) June of My	If so, specify
oi .	20. FILED 3/10, 1935, 9 9 Deservices	(Signed) VY. DOVE COS. D. M.
> Z	Registrar.	(Address) Jancon 119
100	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of impostance.	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	U	Part.	Sur	K
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1. PLACE OF DEATH			107-0		
County Washin	gton	61	Registration Dist. No. 30 2		
Village or City Hage	rstown		No. 450 Mineral Avenue St., Ward death occurred in a hospital or institution, give its NAME instead of street and numbar)		
Length of residence in city or town w	nere death occurred	yrsmos	23 ds. How long in U.S. If of foreign birth?		
2. FULL NAME Ja	mes B. Co	rdell			
(a) Residence: No. 450	Mineral (Usual place	Avenue of abode)	St., S Ward. If nonresident give city or town and State		
PERSONAL AND STAT	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Warch 17, 193 2 (Month) (Oav) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from // Aart) 7 1932, to mark 17, 1962		
	Tehnis ni	23, 1932			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance		
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Infant	Child	Broncheal Pnemony Oate of once		
work was done, as SILK MILL, SAW MILL, BANK, etc	Sp3	time (years) ent in this upation	Other Contributory Canses of importance:		
(Stata or country) Max	erstown yland		- Cities Countries of Importance.		
13. NAME John Cord	ell				
13. NAME John Cord 14. BIRTHPLACE (city or town) (State or country)	Waynesb. Pa	ro	Name of operation Data of What test confirmed diagnosis? Was there an aulopsy?		
# 15. MAIDEN NAME Emilia	Wotton		23. If death was due to external causes (VIOLENCE) fill In also tha following:		
16. BIRTHPLACE (city or town) Ha	gerstown Md.		Accident, suicide, or homicide?		
17. INFORMANT John Con (Address) Hagersto					
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown		181932	Manner of injury		
19. UNOERTAKER Fred W. (Address) Hagerstov	A		24. Was disease or injury in any way related to occupation of deceased?		
20. FILEO 3-18-, 1932-1	hos HB	Seela 10 Registrar.	(Signed) Jugar M. D. (Address) Jugar Language M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	THE REPORT
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

KECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. MATH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRIT

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEA				(23)
	County wy was	w colfabil	gton		Registration Dist. No. 30 2
	Village or City H	agerstov	wn		No. Mineral Avenue St., 5 Ward
	Length of residence in o	city or town where d	leath occurred 30)yrs6mos	f death occurred in a hospital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. if of foreign birth?mosds.
	2. FULL NAME	Mary (C. Coxso	n	Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	(a) Residence: No.	Minera	1 Avenu (Usual place		St., 5 Ward. If nonresident give city or town and State
	PERSONAL AT	ITSITATE DV	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	Female W	n or race	OR DIVORCE	RIED, WIDOWED. O (write the word) TCEd	21. DATE OF DEATH Narch 26, 1932, 193. (Month) (Day) (Year)
5a	. If married, widowed, or div HUSBAND of (or) WIFE of	C. C. H	Branchma	.n	22. SHEREBY SERTIFY That Latterfled deceased from
6.	DATE OF BIRTH (month, da	av. and year) Se	ept. 9,	1901	Hast saw handle alive on Male 40, 1992; death is said
-	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated ebove, at 4:30Am.
	30	6	17	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Home Work 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excusation (much and the second in this second in the second in this second in the second in the second					Sulle culves tulmently Day of on net
SUP	work was done, as SAW MILL, BANK,	etc			
00	this occupation (mo	onth and	11. Total ti sper occu	me (years) It in this pation	
12	BIRTHPLACE (city or town (State or country)) Hage Md	rstown	-94	Other Contributory Causes of importance:
IER.	13. NAME JOS	eph Coxs	on		4 4 7 1 1 1
FATHER	14. BIRTHPLACE (city or t (State or country)		erstown Md.		Name of operation Ai W A Date of What test confirmed diagnosis? A DAY A Was there an autopsy? (1/2)
IER	15. MAIDEN NAME	Jennie -			23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or t (State or country)		nown		Accident, suicide, or homicide? Date of injury, 19
17	.INFORMANT C. (Address) Ha	C. Brangerstown	chman,		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR	REMOVAL			Manner of Injury
	Plece Hage	rstown,	Mdt. Mar	28.,19.32.	Nature of injury
19		ed W. Kr			24. Was disease to injuly to any way related to occupation occupat
20	FILED 3-28-	1932-6/1	ast to	Registrar.	(Signed) M.D. (Address) L.D. W.D.
Comments of		If more	blanks are meeded		N Challes and Philips Barrier and Challes

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 7 B	2 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURTAI	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:	N 1 1000	Other contributory causes of importance:	
Thustones		May 1,1923	Gastroenteritis .	1 year

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of emilensu	
a second of the page	1 weck ago
Run over by street car	1 week ago
7 Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPA	L SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
	1.3						
		,					

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingfre, Requesting V. S. No./1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 2 1932			
Other contributory causes of importance: Gallstones BURRAU V. S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
any magazin demande areas			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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HYSI.	PLACE OF DEATH, County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
LY, P	0.	Registration Dist. No. 3 6 6
EXACT ly class	Village or City Jinggold (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
NT RE stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RN FE OUICI EE may be n back o	Male Mute (Write the word)	16 DATE OF DEATH MARCH 8 , 193 2
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Month) (Day) (Year)	that I last saw h wavalive on March 7, 1804,
VED FOR A published. ACE cerms so that e instruction	7 AGE If LESS than I day	and that death occurred on the date stated above, atm. The CAOSE OF DEATH * was as follows:
Se Se	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Jova Jineumowa.
RE (G	business, or establishment in which employed or (employer)	Contributory of Treasuring Secondary
NFAI NFAI d be DEAT	(State or country) Sabellesvelle Ind	(Duration) a yrs. Inc. 5 ds.
Z GOS	FATHER STEVE Delfy	Mar 9-182 (Address Waynes Do so Oto
WIT ation sicanos	OF FATHER (State or country) Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
EOR	of MOTHER engline Tsessler	18 LINGTH OF RESIDENCE (For liespitals, Institutions, Trunwients or Recent Residents)
LAIN f Inford d stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted.
0 3 4	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Every Item CIANS Sho Statement	(Informant) June Harriel Duffy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CIAN State	(Address) Anulusbuy Ma R3	Friend Creek Ind 3//, 1932
m m	Filed Mar. 9 192 Jus. W. Je gustrai	Fe Essore of for Wayneston
2	If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto, Requesting V. S. ho. J.

(Approved by U. S. Census and American Public Health Association.)

en at bome, fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at bome, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date, is essential and must be obtained before the certificate is permanently filed.

1	426	STATE OF MARYLAND	CERTIFICATE OF DEATH
	3.5	1. PLACE OF DEATH	50)
1	DOCT.	county Washing You	Registration Dist. No. 30 2
/	showed if OCC	Village or City Y Cally Sypun	No. YVash Co Hospital. St. 3 Ward
•	sho of O	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS t	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
	Every SIANS ement	2. FULL NAME Prude Buteley Em	mert
	ECORD. Every PHYSICIANS xact statement	(a) Residence: No. 305 Summit TV 2	St., 2. Ward. If nonresident give city or town and State
	PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	E × E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH Warch 1 1932
D	T L red.		(Month) (Day) (Year)
DIN	CCCsiff	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EVNEST: B	22. THEREBY CERTIFY. That I attended deceased from 1932 to March 188 1932
BIND	CNE.	6. DATE OF BIRTH (month, day, end year) June 21- 1866	I last saw har alive on Merch 1 1 19 32 death Is said
	O	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4-05 A-m.
OR	IS A I stated properlertifica	8 N. laday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FI	Sta sta pro cert	8 Trade profession or particular	Carcuma leftheast 15434
9	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, Abus Sewin X 4.	Lottuer
NE NE		9. Industry or business In which	rela
R	KK_T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	general.
RESERVED	1 5 to	10. Date deceased lest worked at this occupation (month and sulls a spant in this 20 4 vs year)	
24	NFADING pplied. AGF erms, so tha instructions	E. Av. Kana	Other Contributory Causes of importance:
Z	I. so so uct	12. BIRTHPLACE (city or town)	and human of the
MARGIN	UNFA supplied n terms, ee instri		a digo amarco
AF		E 13 L 14 1	Name of operation to decather trumpally pate of tel 29193
Z	H -= 100	(State or country)	AL 1. 10-
-	E E E		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	efu ant	I 15. MAIDEN NAME Rebecca Mammond	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	INLY, WITH be carefully EATH in plaimportant.	15. MAIDEN NAME Rebecca Hamona. 16. BIRTHPLACE (city or town) Benevela. (Stele or country)	Accident, sulcide, or homicide?, 19,
	NL NE NE NE Mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	PLAINLY ould be ca F DEATH ery impor	17. INFORMANT Exnest 13. Emmert	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	S PLA Should OF D	(Address) Hayerstown, TTd.	
/	sh E O is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
4	WRITI ation S AUSE ION is	Place Magers 10wn Manate May 2, 1922	Nature of Injury
	WRITE mation sloaves CAUSE	19. UNDERTAKER H 6. COXX man	24. Was disease or injury in any way related to occupation of deceased? 20
60.	1 F-9-4	(Address) Haders town Md	If so, specify
Zi vi	m	20 FILED 3-1- 1326 Kall Bowers	(Signed) Joseph M. D.
>	Z	ZO. FILED Registrar.	(Address) Dogerslows mid
~	Brunk	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
1	121000 D	were -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
4		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:



-WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor	HIS	IS A PERMANENT RECORD. Every item of ir	nfor
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	be s	stated EXACTLY. PHYSICIANS should s	stat
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement-of-OCCUPA	be I	properly classified. Exact statement-of-OCCU	IPA
TION is very important. See instructions on back of certificate.	of c	ertificate.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)	30
County Washington	Registration Dist. No. 312	/
Village or City 20 a g Essetour	No. 541-Saleur aux st.	Ward
	death occurred in a horpital or institution, give its NAME instead of street and numb-	
0 1 511 7:		03.
2. FULL NAME Sayaly M. Hu		
(a) Residence: No. 54/ Salua Gara (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man 19	2
5e. If married, widowed or diverced	(Month) (Day)	(Year)
5e. If married, widowed, or diverced finshing of avid Fine (or) WIFE of avid Fine (22. 1 HEREBY CERTIFY, That I attended decea	ised from
6. DATE OF BIRTH (month, day, and yeer) Suls 9/854	I lest saw h 21 alive on was 19 ,1932; dea	th is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,	13 3414
77 8 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	te of onset
8. Trade, profession, or particular kind of work done, es SPINNER.	myocardily	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Heplintes Chr.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (much and		
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation		
A RIPTURI AND COLOR	Other Contributory Causes of Importance:	1.7/-
12. BIRTHPLACE (city or town) (State or couptry)	uraemu 3,	17/8=
13. NAME Softward Dewald		
4 14 BURTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME CUICEOUN	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of Injury,	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT TO THE COLOR OF THE CALL OF	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place / Cag Explore Date 9/2/ 19.32		
19. UNDERTAKER CHUSULEY / Jour	24. Wes diseese or Injury In any way related to occupation of deceased?	
(Address) A a g & g & layere	If so, specify	
20. FILED 5 Lot 1998 - 6 hast Towers	(Signed) A. A. Collegeld	M. D.
Registrar.	(Address) 136 W washington	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

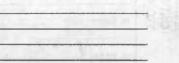
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
ATICTIOSCICTOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN	į
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUT STATE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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	2 4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state IUPA-	1. PLACE OF DEATH	
1	/	county Washington	Registration Dist. No. 302
	E 8	Village or City Yaq exstown	No. 443 Oak H: Al Are sty 5 Ward
	y ite	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ms,mos,ds.
	CORD. Every PHYSICIANS ct statement	2. FULL NAME Edgar Allen 14	184/84
	SIC sate	(a) Residence: No. 943 Oak H: 11 Hy	e st., 5 Ward.
	OR H Y	(Usual place of abode)	If nonresident give city or town and State
	KECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
1	PH 1	OR DIVORCED (write the word)	(Month) (Day) (Year)
S	TT I fied.	5a. If married, widowed, or divorcad	
0	MANEN A C T L assified.	(or) WIFE of	Morel 9 HEREBY CERTIFY, That attended deceased from
BIND	S N G	6. DATE OF BIRTH (month, day, and year) Dec 2-1425	I last saw h sur alive on march 26 ,1932; death is said
	ed erly ficat	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at. 9 7 am.
FOR	IS A PE stated E properly certificate.	6 3 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
_	be sof co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	moch 6
VE	1	A Industry or business in IV MI	Measles
BR	KK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	日日十日日	O N10. Date deceased last worked at this occupation (month and year) occupation occupation	
	AGE that ions	Lan Ouc Karen	Dther Contributory Causes of importance:
Z	NFADING nplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	Dimen premour
MARGIN	UNFAI supplied. n terms, ee instru	13. NAME S. TT. IT. Healey	
MA	U sup	13. NAME S. T. Heale T. 14. BIRTHPLACE (city or town) Hay exstaun	Name of operation
	ITH ully a plair	(State of country)	What test confirmed diagnosis? Was thera an autopsy?
U	X, WITH carefully TH in pla ortant.	I 15. MAIDEN NAME Dra E Baker	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	car TH port	16. BIRTHPLACE (city or town) AQUESTOWN	Accident, suicide, or homicide?
PLAINLY, Would be carefu	TITLE IKO LO	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	E PLAINI should be OF DEA	17. INFORMANT STATE ALL YEAR IN THE	
40		18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	WRITE nation station station is	Place Mayers own Model May 19 , 1932	Nature of Injury
1	-WRIT mation CAUSH TION	19. UNDERTAKER FILL COLY May	24. Was disease or injury In any way related to occupation of deceased?
N. N.	B (1)	(Address) Fages & Found	(Signed) M. D. M.
> >	ż	20. FILED 7 8 , 1932 BROST Proces	(Address) Hay wilow Had,
	h		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Dete of onset	
	1915	Attack of epilepsy	1 week ago	
APR > 100	1921	Run over by street car	1 week ago	
100	July 5, 1927	Peritonitis	3 days ago	
BURRALL				
importance:	;	Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
	and related causes	and related causes s: RE Dete of onset 1915 APP 1921 July 5,1927	and related causes and related causes The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis importance: Other contributory causes of importance:	

EXACTLY, PHYSI-

Every Item of Inform CIANS should state statement of OCCUP/

Z

MARGIN RESERVED

STATE OF MARYLAND CERTIFICATE OF DEATH

ted EXACTLY, I perly classified ertificate	Village or Cital San Stancools 2FULL NAME Sterliert alle	St.: Ward) St.: Ward) A Verrella, (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the world)	16 DATE OF DEATH 3 / 17 / 3 2 , 192 (Month) (Day) (Year)
hour lt m	6 DATE OF BIRTH // 3 0/ 32, 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3 2 1192 to 3 7 3 2 1, 192 , that I last saw howalive on 3 7 8 2 , 192 ,
oiled. ACE sums so that	yrs. / mos. / 7 ds. l day hrs. or min.?	and that death occurred on the date stated above, at // . 50 Q.m. The CAVSE OF DEATH was as follows:
be carefully sup EATH in plain tel Important. See	e occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Ouration Ou
of Information should kild state CAUSE OF DE	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
776	14 THE ABOVE IS TRUE TO THE BEST OF MY RNOWLEDGE	if not at place of death?

15 Registrar

If more blanks are reeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual reaidence

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Could many of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

stated unless important. Example: Mcasles (disease inges, poritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; approved by Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping American Medical Association. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincough; Committee on Nomenclature Chronic valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-ECORD. Every item of infor-Exact statement stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

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MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Washington	Registration Dist. No.
Village or City Hagers town	No. 400 201761 St., 5 Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or the wind where death occurredyrsmos	
2. FULL NAME MULLEY MET	Mam
(4) 11031401100. 1101	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
GIVE Gatherine Herrina	22. I HEREBY CERTIFY. That I attended deceased from
71/14/803	I last saw h Leva alive on 200 Love 7 1852 death is sale
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
70 7 3 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Data of one at
8. Trade, profession, of particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	the de - lile : Consultation
9. Industry or business in which	Man San Garage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	Other contractly cases of importance.
(State or country)	almonis refluction
13. NAME BENELLANT Herryann	
13. NAME BETWEAT PETTURALLIA 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Linuary	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 6 WOS KONKEINE	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
Mus Cath Herry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 400 W. Llorus III	- Speed of the state of the speed of the spe
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nagsve tous Date 111. 193	
19. UNDERTAKER CLUSTER Y Lous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ragen pour und	If so, specify
20. FILED 5 9-, 182 Shaff Bowers Registrar.	(Signed) Signed M. [(Address) Augentonic mel,
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03236
infor- state UPA-	1. PLACE OF DEATH	73-6
	County Mashinaton	Registration Dist. No. 302
- A	Village or City Lagers Your	No. 120 S. TTU berry 4 St, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
.= 0		
IN'S	Length of residence in city or town where death occurred	
Ev.	2. FULL NAME ITYS Hona 13. Hil	idebrand
ECORD. Every PHYSICIANS Exact Statement	(a) Residence: No. 120 S. TTT (a) be y y y (Usual place of abode)	St., Ward. If nonresident give city or town and State
AECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
ANEN ACTL ssifted.	5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That leattended deceased from
0 7 4 %	(or) WIFE of Columbus H.	man 1419 32 10 Mar 22 1932
	6. DATE OF BIRTH (month, day, and year)	Hast saw h. M. alive on March 22 1932; death is said
P. P. P. I.	7. AGE Years Month Days If LESS than	to have occurred on the date stated abova, at 6 Ft. m.
FOR BI	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	9 Trade profession or particular	Date of onset
ED HIS be be of	NO sawyer, Bookkeeper, etc. Houseway	aute delatation of heart
	9. Industry or business in which work was done, as SILK MILL,	3/23
SERV. NK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ESE INI E sh at it	this occupation (month and year)	
ARGIN RESULTABLING INTERPRETATION AGE TERMS, so that terms, so that instructions of the contractions of th	72.0.1	Other Contributory Causes of importance:
IN DIN	12. BIRTHPLACE (city or town)) & a sex (state or country)	Dente la mora tes avid
ARGI UNFA ipplied terms,	# 13. NAME To soloh Middle Kauly	fractules
MARGI UNFAI supplied. n terms, ee instru	E	Name of operation Date of Date of
***************************************	2 14. BIRTHPLACE (city or town) 122 QUEY 12 2 2 1 (Stata or country)	What test confirmed diagnosis? Was there an autopsy?
X, WITH carefully FH in plain ortant. So	E 15. MAIDEN NAME Fland Hoving	23. If death was due to external causes (VIOLENCE) fill in also the following:
wrefu	15. MAIDEN NAME Alma Hoving 16. BIRTHPLACE (city or town) Theaver Creek (State or country)	Accidant, sulcide, or homicide? Data of injury
ILY VTE	(Stata or country)	Where did injury occur?
PLAINLY, WI hould be careful OF DEATH in very important.	17 INFORMANT Colum bus Ftoldebrand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Haceystown, Md	
E W W	18. BURIAL, CREMATION, OR REMOVAL Place & G. R. R. Y. S. W. M. M. Date. M. C. Y. 25, 19.32	Manner of injury
ion S.N.	Place HGgers to wn Mil Date 11/01 25, 1932	Nature of injury
-WRITE mation sl	19. UNDERTAKER H.K. COXXWau	24. Was disease or injury in any way related to occupation of deceased?
S. No.	(Address) Hagers town, TTU	If so, specify areas
ý	20. FILED 3-24, 1932 blooft Dowers	(Signed) Haguston Wa
> 4	Registrar.	" (7041003)
On praise	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reskesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PR 7 1912	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-Б	7.71

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

(Address)

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Example I	14	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
20.2.20			
Other contributory causes of importance:	Colonia I	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. FOR BINDING See instructions on back of certificate MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (13238
1. PLACE OF DEATH	2011
County // Colony Dunglow	Registration Dist. No. 204
Village or City face Cocl 6	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs	
2. FULL NAME //artha	loues 6.
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (approache word)	21. DATE OF DEATHY Lanch (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. PIEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years lor 26 /854	last sawn of alive on 3/10/32, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 4
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
SAWYER, BOOKKEEPER of Julian 1999	Musicandilio
work was done, as SILK MILL, SAW MILL, BANK, etc.	770900000
S. Hade, profession, or particular to the kind of work done, as SPINGR, SAWYER, BOOKKEEPER of SAWYER, BOOKKEEP	
12. BIRTHPLACE (city or town) Wash Co mil	Other Contributory Causes of Importance:
(State or country)	A who themar dide
13. NAME Samuel House	JAGINET MY TOWNER
14. BIRTHPLACE (city or town) West land	Name & operation. Zee See Date of
i (State of country)	What test confirmed diagnosis: Clerical Was there an autopsylon
15. MAIDEN NAME Of aboth Weller 16. BIRTHPLACE (city or fown) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or fown	Accident, suicide, or homicide?
(Stata or country) Mash to mis	Where did injury occur?
17. INFORMANT Agues Ce VED Ett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Magner of injury
Place Steansfirmer my Date 2 3, 193	Nature of injury
19. UNDERTAKER A DE SECULTARIO	24. Was disease or injury in any way related to occupation of deceased? 240
(Address) Hancock and	If so, specify A ST ST Q Q
20. FILED 3717 1934 1 19 Leut aus	(Signed) M. D. M. D.
Registrar.	(Address)
13 møre blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	ATEMENTS BY PHYSICIAN	
		_

N. B.-

STATE OF MA	RYLAND—	CERTIFICATE OF DEATH	240
1. PLACE OF DEATH		(940)	
County Washington	r	Registration Dist. No. 30	7
Village or City Hagerstown		No. 802 W. Washington St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward Ward
Length of residence in city or town where death occurred		sds. How long In U.S. If of foreign birth?mo	
2. FULL NAME John Brinham	Huyett		
(a) Residence: No. 802 W. Washi	ngton Stree	et St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
Male White OR DIVO	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Narch 9, (Month) (Day)	1932• (Year)
5a. If married, widowed, or divosced HUSBAND of Mary Elizabeth	Huyett	22. DHEREBY CERTIFY, That I attended	lectased from
6. DATE OF BIRTH (month, dey, and year) NOV. 7,	1847	1 last saw h sun elive on Mel 9 1952	death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated abova, at 7:30P m.	1/3
84 4 2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:	
8. Trade, profession, or particular	, or	Hele as follows.	Data of enset
No kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcJudge	of Orphans	dugua le levo	4 19.193
9. Industry or business in which work was done, as SILK MILL,	Court		
SAW MILL, BANK, etc	otal tima (yaars) spant in this	Chranic bygradle	Indef.
12. BIRTHPLACE (city or town) Washington (State or country)	County	Other Contributory Causes of importance:	
# 13. NAME Daniel Huyett			
13. NAME Daniel Huyett 14. BIRTHPLACE (city or town). Washing to (State or country) Md.	n County	Name of operation Date of What test confirmed diagnosis? Was there an a	
# 15. MAIDEN NAME Margaret Brin	ham	23. If death was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME Margaret Brin 16. BIRTHPLACE (city or town) Washing to (State or country) Md.	n County	Accident, suicide, or homlcide? Date of Injury Whera did Injury occur?	
17. INFORMANT Charles Huyett, (Address) Hagerstown, Md.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	77 70	Manner of injury	
Place Hagerstown, Md Date M	ar. 13,1932	Nature of injury	
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.	· · · · · · · · · · · · · · · · · · ·	24. Was disease or Injury In any way related to occupation of deceased?	· cur
20, FILED 3-13- , 132 Chasf	Bowers Registrar.	(Signed) All Manual (Address) Hagen form July	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	1138
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M + 1022	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. BWRITE PLAI	mation should	CAUSE OF DE	TION is very i

STATE OF MARYLAND-	CERTIFICATE OF DEATH 63242
1. PLACE OF DEATH	<u> </u>
	Registration Dist. No. 305
Village or City V overfce leavy (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death procurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Touch	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Track 20. 1932	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. industry or business in which	4 mas. Tropusues
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) occupation occupation	V
12. BIRTHPLACE (city or town). Broces leave. mh	Other Contributory Causes of Importance:
(State or country)	
13. NAME Level 2. Jones	
(State or country)	Name of operation Date of
15. MAIDEN NAME A. Gearl Westlack,	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Daules	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Front leave, mil	Specify whether injury occurred in iNDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Purel Place at have Date Mar 20, 1937	Manner of injury
A	Nature of injury
19. UNDERTAKER NOUL (Address)	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Mar 2293 Z William Bark Registrar	(Signed) Stulent Trube M. D. (Address) Assuration: M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
LULLAU				
Other contributory causes of importance:	C FALL	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

S. No. 1

1930 750

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR B 1832	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUBLAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH roperly elassified Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) may (Month) (Day) I HEREBY CERTIFY, That I attended the deceased DATE OF BIRTH March 14 853 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at l day hrs. The CAUSE OF DEATH * was as follows: supplied ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in 2 rta which employed or (employer) odwi Contributory I 9 BIRTHPLACE Secondary (State or country) PA 10 NAME OF 0 11 BIRTHPLACE OF FATHER Disease Causing Death, or, SZ (State or country) Violent Causes, state (1) Means of Injury and (2) Whether AU Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER tate SUP ients or Recent Residents) 13 BIRTHPLACE n the OF MOTHER of death Where was disease contracted. if not at place of dea.h?..... usual residence. DATE OF BURIAL 297UN DERTAKER If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a single word or term on OF. yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-Stationary fireman, etc. But in many For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection etc. The contributory valvular heart need not be disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N., Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage July		Peritonitis	3 days ago
BURRAUWS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,1923		Gastroenteritis	1 year

1. PLACE OF DEAT

Date of onset

(Address) Ho Registrar. If more blanks are needed, address State Registray, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

21

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis PR 7 14.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage July		Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Mo		Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN	ľ
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	iter	Sh	of	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every iter	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	ORI	HYS	t st	
MARGIN RESERVED FOR BINDING	KEC	P4	Exac	
t _y	LNS	LY	d.	
OIN	ANI	A C I	ssifie	
SIN	ERM	EX	cla	e.
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FO	IS	stat	pro	certi
ED	HIS	be	pe	of
RV]	H	pine	may	back
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U	W.	refu	in]	tant.
	NLY	e ca	ATH	FION is very important. See instructions on back of certificate.
	LAI	I PIn	DE	ry in
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1	THE STREET	no	SE	Z
1	W	nati	CAL	CIO

	ARYLAND—	CERTIFICATE OF DEATH 03247
1. PLACE OF DEATH		307
County Washington	P	Registration Dist. No. 3
Village or City Hagerstown		No. 49 W. Side Avenue. St., / Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurr		ds. How long in U.S. If of foreign birth?
2. FULL NAME Charles W.		
(a) Residence: No. 49 W. Side (Usu	Avenue al place ol abode)	St.,
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
White OR Dt	E. MARRIED, WIDOWED, VORCED (write the word) Erried	21. DATE OF DEATH Narch 12, 193 2. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie M. Lapo:	Le	22. HEREBY CERTIFY. Unat I attended deceased from 20. 20. 1931 to 1 Careful 7.19.32
6. DATE OF BIRTH (month, day, and year) Septem	per 18. 1875	
	ays If LESS than	to have occurred on the date stated above, at 12:05Am.
56 5	22 1 day,hrs.	The PRINCIPAL CABSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ormin.	were as folloys:
No kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	orer	ardinoma 2
9. Industry or business in which		
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		(X Crothun)
11. Date deceased last worked at this occupation (month and	Total time (years) spent in this occupation	
year)	occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Zittlesto	own,	
(State or country) Md.		A Charles I Frence
13. NAME William Iapole		
14. BIRTHPLACE (city or town) Zittles	town,	Name of operation Date of
1 (State of Country) 191Q •		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lena Renn		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lena Renn 16. BIRTHPLACE (city or town). Zittlest	own.	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country) Md.		Where did injury occur?
17. INFORMANT Mrs. Effic Land (Address) Hagerstown, Mo	le,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Hagerstown, Md .Date 1	ler. 14, 1932	Nature of injury
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown . Md.	,	24. Was disease or injury in any way related to occupation of deceased? W.Q.1
2 1 /k V 1	Bowers Registrar.	(Signed) M. D. (Address) A Salary M. D.
If more blanks are		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis		Attack of epilepsy	
Chronic interstitial nephritis		Run over by street car	
Cerebral hemorrhage		Peritonitis	
· Kar LE o M	was !		
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BURLAU V.	May 1,1923	Gastroenteritis	1 year
And Sample And Control of Co			

M	very item of infor-	ANS should state	nent of OCCUPA.		1
FOR BINDING	IS A PERMANENT RECORD. EN	stated EXACTLY. PHYSICL	properly classified. Exact statem	ertificate.	3. 5 11 5a.
MARGIN RESERVED FOR BINDING	. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	MOTHER FATHER OCCUPATION 11.
S. No.	. B.— Wareho	mation si	CAUSE	TION is	19.

STATE OF MARYLAND	CERTIFICATE OF DEATH
County Washington	Posistration Diet No. 383
	Registration Dist. No. 00
Village Wity Clears pring Ma	ND. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in eity or town where death occurred Laffers Linemen	ds. How long in U.S. if of foreign blrth?yrs mos d
2. FULL NAME I Saac Lesher	
(a) Residence: No. Clear Spring-	A St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Whore Wildower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
Cather Ine 1.	22. I HEREBY CERTIFY. That I attended decorpted fro
V	311 2 8 15 3
6. DATE OF BIRTH (month, day, and year) 7. AGE & 4 Years Months Days If LESS than	I last saw h 4 alive on 1992; death is sa to have occurred on the date stated above, at 500 mg
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade prolection or particular	were as follows: Date of ons
kind of work done, as SPINNER, Tarmy Netire	d) Tellingen Way
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. January Astronomy	will hobas Memoria
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this pecuniting from the and	
10. Date deceased last worked at this occupation (month and) 9 / 5 spent in this selection (month and) 9 / 5	
this occupation (month and , 9, 15 spent in this year) occupation. Life tu	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 6 Cearafring Md.	
(State or country)	- Urterio Selerorio
13. NAME Jaac Lisher. 14. BIRTHPLACE (city or town) & learspring Md	
14. BIRTHPLACE (city or town) & tearspring 24.4. (State or country)	Name of operation Date of
11 7/1	What test confirmed diagnosis? Vhyper al Estate Was there an autopsy?
15. MAIDEN NAME Rancy Warter	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mancy Martin 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
P C P P	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clear Oping W.S.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Kose Hell Genelerypate March 1/, 19 20	Nature of injury
19. UNDERTAKER a. K. Coofman. (Address) Hagnitton Wil	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Marches , 19 3 2 J. W. Mure ay	(Signed) KW Mich M. M. (Address) Clean Miring M.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II		
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE OF MARYLAND	-CERTIFICATE OF DEATH	
nfor- state	1. PLACE OF DEATH	(93-2)	3249
of info	County Washington	Registration Dist. No.	12
E = /	Village or City Mash town	No. 2508 1/Mulberry St. 4	6 War
= 0/	77	(If death occurred in a hospital of histhulion, give its NAME install of street and nos. ds. How long in U.S. If of foreign birth?	umber)
CORD. Every PHYSICIANS oct statement	Les les les les	Par dans la secon	
E. E. tem	2. FULL NAME A CELLULE OF	i hore de livering es	
RD. YSIG	(a) Residence: ND	St., Ward. If nonresident give city or town and it	State
ECORD PHYS xact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrigh the word)	21. DATE OF DEATH	7_
LY	Hemale White wedow	(Month) (Day)	(Year)
IDING MANEN A C T I assified	Se. If married, widowed, or divorced	22. HEREBY CERTIFY. That I ettended d	deceased fro
MA A Sassass	(as) WIFE of The Winhouseupla	can fune ,31 mel 10,	, 113 7
BIND PERMA E X A y class	6. DATE OF BIRTH (month, day, and year) aug 2 99/85	last saw h alive on meh 3, 1832	; death is sai
FOR Bl IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than		
FOR IS A H stated properly	77 6 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
- rn	8. Trade, profession, or particular kind of work done, as SPINNER,		
	SAWYER, BODKKEEPER, etc.	00.0	200
RV ould may back	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and	someone payound	, rade
RESER. G INK—GE shouth it mis on ba	10. Date deceased last worked at this occupation (month and spant in this		
RES 1	year)occupation	Other Contributory Causes of Importance:	
. 4	12. BIRTHPLACE (city or town) Tap Essistant	e ·	
MARGIN RE I UNFADING supplied. AGI n terms, so that iee instructions	(State or country)		
	13. NAME LOS TELEGREY 14. BIRTHPLACE (city or town) Yagesstown		
	[4. BIRTHPLACE (city or town) 1. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en a	winner Aco
	# 15. MAIDEN NAME War 1/2/ SALIA &	23. If death was due to external causes (VIDL ENCE) fill in else the following	
	15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME	Accident, suicide, or homicide?Date of injury	, 19
VLY e c ATI	(State or country)	Where did injury occur?	
	17, INFORMANT / Blace be Nawt cel	(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
PLA Should OF D	(Address) 2007, mulherry		
E. E. S.	18. BURIAL, CREMATION, OR REMOVAL PIece Date 14, 19.	Manner of injury	
When mation scause	Tieve The sale of	1 Nature of impury	
ma CA TIC	19. UNDERTAKER BUILD SOUS (Address) A a 9 5 mm / American Mus	24. Was disease or Injury in any way related to occupation of deceased?	
B. N.	3-17- 26 /26-143. 1201	If so, specify (Signed)	/ · M
× z	20. FILED , 189 Z CONTROLL Registrar.	(Address) 148 M. was I faday tan	and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. (1.)

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Example I		Example II The principal cause of death and related causes Date of onse of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis APR 7 1932	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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Chronic interstitial Reparties - 1/E	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 7 10 1	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER STATEME	NTS BY	PHYSICIAN
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mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

03251

I. PLACE OF DEATH		(1060)
County Washing	ton	Registration Dist. No. 38 2
Village or City Hagersto	30 (1	No. Western Pike St., W
		ss. ds. How long in U.S. if of foreign birth? yrsmos
	s Maloy	
(a) Residence: No. Western	Pike. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
70 - 3 - 3453 · . OF	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) WICOWED	21. DATE OF DEATH Mar 26 , 193 2 (Year (Month) (Day) (Year (Par)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Ma	loy.	22. I HEREBY CERTIFY, That I attended deceased in
C DATE OF DIPTH (week) do not not not not not not not not not no		1
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months 74	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 11/45 m. P.M.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	me work	asteriologica delle 600
Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Franklyn	, Penn.	Dther Contributory Causes of Importence:
E 13. NAME John Gossard	i	14.6
14. BIRTHPLACE (city or town) Unknows (State or country)	own Pa.	Name ef operation Dete of Wes there an autopsy? \(\frac{1}{2} \)
LIS. MAIDEN NAME		23. If death was due to external causes (VtDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknow (State or country) Pa.		Accident, suicide, or homicide? Dete of injury
17. INFORMANT Mrs. Geneva Si (Address) Hagerst		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Rose Hill Cemetes		Manner of injury
19. UNDERTAKER Fred W. Krais (Address) Hagerstown		24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 3-28-, 1932-6 Ka	AftBowers Registrar.	(Signed) (Address) A A A A A A A A A A A A A A A A A A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APP 17 1939	July 5,1927	Peritonitis	3 days ago	
BURRAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BURLATI	V S			
E-transferance				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PIIYSICIAN
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1. PLACE OF DEATH

302

(Day)

Date of onset

Was there an autopsy?

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

(Signed)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Exa	mple I	1	Example II	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 7 1932	July 5,1927	Peritonitis	3 days ago
	BURDAU P	5	Other system to record of importance	
Other contributory causes o	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

FOR

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Cerebral hemorrhage	BURUAUA	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lee birth Certificate for Change of date of birth

3

r- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03255
infor- state UPA-	1. PLACE OF DEATH	11-01
	county Mashinalon	Registration Dist. No. 303
item of should of OCC	Village or City Char Hon	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
it S. i	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS act statement	2. FULL NAME Kare L. TT GOYE	
SIC ate	(a) Residence: No. Charlen TT d	St., Ward,
ECORD. PHYSI Kact stat	(Úsual place of abode)	If nonresident give city or town and State
RECO.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E H	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH TO A 31 193 2 (Year)
G H G	5a. If marriad, widowed, or divorced	22. HEREBY CERTIFY, That I_attended deceased from
BINDIN PERMANI EXAC y classifite.	(or) WIFE of Joseph H.	month 15, 132 to moreh 31, 132
BINJ PERM EX B Iy cla	6. DATE OF BIRTH (month, day, and year) June 8-1859	Hast saw her alive on hunch 3/, 1832; death is said
B PF FF	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, a 2 100 P.m.
FOR BI IS A PEI stated E properly certificate.	72 9. 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trada profession or particular	Browcho-pueunona 3-28-32
SID HIS be	8. Trada, profession, or parlicular kind of work done, as SPINNER, Houseway Le	0-01-
RVI ould may back	9. Influstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	3-15-32
ESE INTERNATION	10. Date deceased last worked et this occupation (month and yaar) 11. Joint time (years) spant in this occupation (month and yaar) 12. Joint time (years)	
2 4 9	1 1000000000000000000000000000000000000	Other Coutributory Causes of importance:
IN DIN	12. BIRTHPLACE (city or town) 1. V. W. 1. U. 1.	
MARGIN RE UNFADING supplied. AGI	13. NAME /V: 1/2 am Ward	~
Dina	13. NAME WILLIAM Way of 14. BIRTHPLACE (city or town) 5. 4. 12. 4.	Neme of operation
· · · · · · · · · · · · · · · · · · ·	(Stata or country) Pa	What test confirmed diagnosis? Plysel. Was there an autopsy?
X, WITH carefully su	E 15. MAIDEN NAME Mayia Balla.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME Mayia 1301 a. 16. BIRTHPLACE (city or town) D. D. Record (State or country)	Accidant, suicide, or homicide? Date of injury, 19
ATTION OF THE PROPERTY OF THE	E (State or country)	Where did Injury occur?(Specify city or town, county and State)
PLAINLY, hould be car OF DEATH very import	17. INFORMANT MYS GROWE BEASOLE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
E 181.8	Place of Jauls Chapate 4 27.13, 1932	Nature of injury
-WRITE mation sl CAUSE TION is	19. UNDERTAKER IT I CAYY may	24. Was disease or injury in any way related to occupation of deceased? 200
HOH!	(Addrass) 70.0 (Stown, Md	If so, specify
N. S.	20. FILED april \$ 1930 J. w. Muney Registra.	(Signed) W. Novar of Tory M. D. (Address) Nogaroffine, M. D.
1) 1100	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
12, dear	1W	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEAT should County Registration Dist. No. item Village or City its NAME instead of street and number) S Length of residence up entror town where death occurred How Law in U.S. if of foreign bisth? statement 2. FULL NAME S St. ECORD. (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE If LESS than Years Months Oays to have occurred on the date stated above, at. 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were a follows Oate of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. jo may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and ccupation year) _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or to (State or counter supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? ----- Was there an autopsy? carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following in Accident, suicide, or homicide DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Miury occurred in INDUSTRY In HOME, or in PUBLIC PLACE. plnods 17 INFORMANI (Address) OF 18. BURIAL, CREMAPION, OR DEMOVAL Manner of injur WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 0 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUX 0 1991	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	TORRATT V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance.	manufacture and the second	Other contributory causes of importance:	
	or importance.			
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

k	X	infor-	state	UPA-
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NO.	2	Every	CIANS	ement
		RD.	YSI	stat
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	ED FOR BINDING	HIS IS A PERMANEN' RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA-
	BIL	ER	EX	VC
	FOR	IS A P	stated	properl
	ED	HIS	be	he

X	infor state UPA	1. PLACE OF DEATH	(3257					
19	ould ould	County Washington	Registration Dist. No. 303					
B	item sho	Village or City Clear Spring No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.						
	RD. YSI stat	2. FULL NAME Mildred Francis Peck (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State					
	RECO F. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
. U	N N	3. SEX Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH March 20th 2 (Month) (Day) (Year)					
BINDING	Sign	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from					
N N		6. DATE OF BIRTH (month, day, end year) July 4, 1921	I last saw h ; death is said					
FOR E	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:					
RESERVED	INK—THIS Should be t it may be on back of	8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) spent in this occupation	Natural causes - unknown Was subject to Epileptic fits					
	NFADING I	12. BIRTHPLACE (city or town) near Clear Spring (State or country)	Other Contributory Causes of importance:					
RG	VF.	置 13. NAME unknown						
MARGIN	sur n to	HE 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) UNKNOWN (State or country)	Name of operation Dete of Was there an autopsy?					
	AINLY, WITH d be carefully DEATH in plai	15. MAIDEN NAME Mary Peck 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?					
•	PLA hould OF D	17. INFORMANT Job. Peck (Address) Clear Spring, Md. 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
=)		PleceBlairs Valley, Date March 22, 32	Manner of injury					
S. No. 1	B.—WRITE mation s CAUSE TION is	19. UNDERTAKER W. W. Frants (Address) Clear Spring, Md. 20. FILED 3/21/ 19 32 J.W. Murray	24. Was diseese or injury in any way related to occupation of deceased? If so, specify (Signed) Cas T. Kreigk Cor 200					
. S	ż	20. FILED 3/21/ 19 32 J.W. Murray 10cal Registrar.	(Address) Clear Spring, Md.					

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.

03257

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

4/7/32

BUREAU VS

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1935			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor- ild state CCUPA-	1. PLACE OF DEATH	82-0
E 10 C	Village or City Kagerstown	Registration Dist. No. 302 No. 40 Charles St. 5 Ward
0	(If Length of residence in city or town where death occurred \(\frac{\text{N}}{2} \) _yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsms,ds.
CORD. Every PHYSICIANS let statement		
te ICI	2. FULL NAME INYS Extre to Ten	
RECORD. PHYSI Gxact stat	(a) Residence: No. HO E (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D Pr	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The state of the	21. DATE OF DEATH (Month) (Oay) (Yeer)
PERMANEN EXACTL Iy classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles	22. HEREBY CERTIFY. That I ettended deceased from 27, 1932, to New 33, 1932
IS A PERMANEN stated EXACTI properly classified.	6. DATE OF BIRTH (month, day, end yeer) - 234 14 - 18 6 4 7. AGE Years Months Days If LESS han 1 day,	to have occurred on the detc stated above, at 436 Rm.
	8 Trade numbersion or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate ol onset
TK_THIS should be it may be n back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
INTERIOR SPA	10. Date deceased lest worked at this occupation (month and -1932 spent in this year)	Other Contributory Causes of importance:
So so ucti	12. BIRTHPLACE (city or town) Lei Yeys burg (State or country)	Oslero Scleros
UNFA supplied n terms, ee instri	# 13. NAME Upton Lowman	
	13. NAME Upton Lowman 14. BIRTHPLACE (city or town) Le? Yeys burg (State or country)	Name of operation
WYTH efully in plai	15. MAIOEN NAME IT ma ITTUNSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town) be 1 Xe x 5 bure (State or country)	Accident, suicide, or homicide?
E PLAINLY should be ca OF DEATH s very impor	17. INFORMANT II) I'S James Lowman (Address) Hanerstown Today	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place LEVYS bury The Date 1 47 V 1 1932	Manner of injury
	19. UNDERTAKER ALL COLYMAN (Address) Hallystown ITTA	24. Was disease er injury In any way related to occupation of deceased?
N. B.	20. FILE 3-31- 132- Bhosf Bowers	(Signed) (Address) A G S S S S S S S S S S S S S S S S S S
y.Warre	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1932			
Other contributory causes of importance: 3		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	R FURTHER STATEMENTS BY PHYSICIA	RTHER STAT	FOR F	SPACE	ADDITIONAL
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03259
1. PLACE OF BEATH	93-00
County // ask	Registration Dist. No. 304
Village or City Space oclo	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Of BEE UM	Turnell
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BASE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH 29 (Day) 193 2 (Year)
(or) WIFE of folice Our nel	1 HEREBY CERTIFY, That I attended deceased from 10 1 10 11 11 11 11 11 11 11 11 11 11 11
AGE Years Months Days If LESS than	I last saw hey alive on March 29 1932; death is said to have occurred on the date stated above, all P
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER POUSE FEB. SAWYER, BOOKKEEPER, etc.	Aty ocardila
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	1 Tuffuerer
10. Date deceased last worked at this occupation (month and spent in this occupation	
2. BIRTHPLACE (city or town) Rullon Co Oq (State or country)	Other Contributory Causes of Importance:
13. NAME \$ (100 T)	Tugocordilis
14. BIRTHPLACE (city or town (state or country) The des ues 6 1/4	Name of operation
15. MAIDEN NAME Julian Mucharfs	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
O. UNDERTAKER Students O. (Address)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
D. FILED TILL 1983 VIII Jacob Comments	(Signed) A. C. Jacob M. D. (Address) A. C. Jacob M. D.
If more Manks are needed, address State Registrar,	24.12 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related couses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORTA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A			

STATE OF MARYLAND	CERTIFICATE OF DEATH 03260
1. PLACE OF DEATH	ma a
County // asking love	Registration Dist. Noc 044
Village or City Augustocolo	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in sity of town where doubt occurredyrsmo	s. How long In U.S. If of foreign birth? yrs. mos.
2. FULL NAME // Wllam J	Trash.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. 11 (married, widowed, or divorced HUSBAND of (or) WIFE of (ungelland Rash)	22. HEREBY CERTIFY, Thet I attended deceased from 19/32, 19
6. DATE OF BIRTH (month, day, and year) why 31 /85	I last saw have alive on 3 19 ; daath is sa
7. AGE Yaars Days If LESS than 1 dey, hrs.	THE PRINCIPAL CAUSE OF DEATH and landau causas of importance
8 Trada profession or particular	Date of one
skind of work done, as SPINNES SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at bis occupation (month and	
10. Date daceased last worked at this occupation (month and year)	Dua Carda Carda Cara di madana
12. BIRTHPLACE (city or pron) willow Co fa	Dthar Coutributory Causes of importance:
13. NAME THOMAS I Marsh.	2
13. NAME HOWAS 14. BIRTHPLACE (city or town) Helmington St. (Stata or country)	Name of operation Data of Data of What test confirmed diagnosis? China Cal Was there an autopsy?
15. MAIDEN NAME Mary Cum Shihoa	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME / My Common Surfusa	Accident, suicide, or homicide?
Who the same and the shi	Where did injury occur? (Specify sity or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place The Council Road 3/29, 195	Manner of Injury
19. UNDERTAKER IST EUST Aurop	24. Was disaase or Injury in eny way related to occupation of deceased? 246
20. FILED 2/ 2/ 123 X J B Jewsanie	(Signad) A C Scale M.
Registrar. If more blanks are needed, address State Registrar.	(Address) A Guillouth, William N. Charles Street Baltimore, Proposition 71 S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1332			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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7. S. No. 1

(Address)

If so, specify

(Address) // /

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3		STATE OF MARYLAND—	CERTIFICATE OF DEATH	6.00
[6]	ould state OCCUPA-	1. PLACE OF DEATH	93-0	262
		county Washington	Registration Dist. No. 3 A	2
	should of OCC	Village or City Net. O Leva	NoSt.,	Ward
	0	Length of residence In city or town where death occurred 60 yrs	death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in the death occ	
	tD. Every item of FSICIANS should statement of OCC	3. 06	4444	
		2. FULL NAME / Cancel	St. Ward.	
	TECORD. Every PHYSICIANS TXact statement	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and S	ilate
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	LY. E.Y.	3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) Chile Undowned	21. DATE OF DEATH (Month) (Bay)	193 Z (Yeer)
BINDING	MANEN ACTL assified.	5d. If merried, widowed, or divorced HUSBAND of (or) WIFE of Daniel Renner	22. HEREBY CERTIFY, That I attended d	eceased from
Z	S M G	6. DATE OF BIRTH (month, day, and year) July. 26, 1836	I last saw h. La alive on upilo 10 1, 1930	death is seid
		7. AGE Yeers Months Days If LESS than	to heva occurred on tha deta stated above, at 3.4m.	
FOR	IS A stated proper	95 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance wera es follows:	Data of onest
	he s be p of ce	8. Trada, profassion, or perticular kind of work dona, as SPINNER,	ati Dal	
RESERVED		kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupetion (month and	aports - Mecenter	apr. 1/2
R.	mon	work wes done, as SILK MILL, SAW MILL, BANK, etc		
SE	1 2 3 0			
RE	PH 65 10	yeer) occupation	Other Contributory Causes of Importance:	
Z	Se se icti	12. BIRTHPLACE (city or town)	At museudit	16 16
MARGIN	NFA oplied erms, instru		Curius nayrearces	Mar Cit
EA		13. NAME John O Brady. 14. BIRTHPLACE (city of town). W. une heaters.	Name of operation Date of	
2	T *** (/)	(Stata or country)	What test confirmed diagnosis? Was thera an el	itopsy?
	Y, WiTi carefully IH in pla ortant.	15. MAIDEN NAME Kebecka Dayle	23. If death was dua to external ceuses (VIOLENCE) fill in elso the following:	
	INLY, W) be carefu EATH in t important.	15. MAIDEN NAME Rebecto Sayler 16. BIRTHPLACE (city or town) Myssiells (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	AINLY, d be cal DEATH y import	(State or country)	Whera did injury occur?(Specify city or town, county and State)
	LAI Ild DE DE	17. INFORMANT John Cerrey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	Should OF D	(Address) Sources Conto	Manner of injury	
0		Plece M. Lena. Date March 21., 19 32		
1	-WRITE mation s CAUSE TION is	19. UNDERTAKER WM Da Back, York	24. Was diseese or injury in any way related to occupation of deceased?	ns
V. S. No. 1	Par I	(Address) Somstrow	If so, specify	м В
×. s.	z(T)	20. FILED Mar, 21, 19.32 (1) lleans Registrar.	(Signed) (Address) Beaus Corr, mh	м. D
		If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

63263

1. PLACE OF DEATH				97)
County Wa	shing	zton		Registration Dist. No. 302
Village or City Hage	PARATEL	IMITS OF		No. 108 Elizabeth Street St. Z Ward
				death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or t	own where de	eath occurred 50	Oyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ma	rgaret	t Renne	r	
(a) Residence: No. 10		zabeth	Street	st., 2 Ward.
PERSONAL AND S	TATISTIC	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR	-	5. SINGLE, MARI		21. DATE OF DEATH
Female Whit			(write the word)	March 12, 192. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Wil.	liam A	A. Renn	er	1932 to Mar 12 1832
6. DATE OF BIRTH (month, day, and	year) Ji	aly 10,	1853	I last saw h le alive on nur 12 , 1997; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 2:40 km.
78	8	2	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particul	ar INNER			Ortero Scleros Oate of one of
Notes that the second of the s		ome_Worl	k	
9. Industry or business in which work was done, as SILK I SAW MILL, BANK, etc	AILL,			
ID. Data deceased last worked a		II. Total ti	me (vears)	
O this occupation (month an year)	d	II. Total ti	tin this pation	
	De 7 + 4 -			Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Baltin Md			South
🖺 13. NAME John Lu				
E LAU. HAMIL	-			
14. BIRTHPLACE (city or town)(State or country)	Cer	rmany		Name of operation
		Lillerity		What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Unk	nown	·		23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)				Accident, suicide, or homicide?
-1 (State of country) Germany				Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Charl (Address) Hager		nner,		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDY	AL		. 4	Mannar of injury
Placa Hagersto	vn.,)	Adam Mar.	10,1932	Natura of injury
Whospier Tred	W. Ka	raiss,		24. Was disease or injury in any way related to occupation of deceased?
	rstown			If so, specify
3-13-3	19	110	17	(Signed) Wann Druller MD
	1-1011	a property of	1 1 10/11/	(Signey)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Chronic interstitial nephritis	Example I	1	Example II		
Chronic interstitial nephritis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Cerebral hemorrhage July 5, 1927 Perilonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:		1916	Attack of epilcpsy	1 week ago	
Other contributory causes of importance: V. S. Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Other contributory causes of importance: V. S Other contributory causes of importance:	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	APR 7 1932				
Galletones Mau 1.1923 Gastroenteritis 1 year	Other contributory causes of importance: V. S	,	Other contributory causes of importance:		
Cattotorico	Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MA	RYLAND	CERTIFIC	AIL	OF	DEATH
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03264

1. PLACE OF DEATH	(/3/)
County Washington	Registration Dist. No. 302
Village or City To La Control	No. 30 5 M. Manufactury St., — Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 72 yrs	_mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME IS CUL a / Cid	enver
(a) Residence. No. 3 0 5 1/ Mullour (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
man while marre	(Month) (Day) (Year)
a. If married, widowad, or divorced HUSBAND of Gelia Ridenger	22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to May 31, 1982
B. DATE OF BIRTH (month, day, and year) Ort/5-186	O I last saw h. sim alive on man 31, 19 32 death is said
AGE Years Months Days If LESS the	
7/ 5 /5 1 day,	the Fall Cause of DEATH and related causes of importance
8 Trade profession or particular	neplantis Chy Data of one at
kind of work done, as SPINNER, O ANGLESTEY	Introcarditis
9. Industry or businass in which work was done, as SIEK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 3 11. Total tima (years) spent in this	
this occupation (month and // 32 spent in this 50 occupation	425
21'2-1-4	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) / U W E E E E E E E E E E E E E E E E E E	Waemia
13. NAME Leo, Riderour	
14. BIRTHPLACE (city or town) Hag wottywn.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Ofeccal Wells) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Aagerstour	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Gelia adlysus (Address) 30.5 N. May 114 and d	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place / Vagero Loun. Date 74 , 191	Nature of injury
19. UNDERTAKER Bussiter Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) frequentian M	If so, specify Han Dongley
20. FILED 4-3- 1932 Chartesowe	(Signed) A Norteifuld & M. I.
Registra	r. (Address) 13 full Walkington 84

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
PRESAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocniteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example 1		Example II	
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Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TW DAXAOTTIN	OI ZIOZI	T OTE	T. O TO TITIZITO	ORZERAMINALITYAR	37 7	TITIOTOTITI

DATE OF BURIAL

ADDRESS

	PLACE OF DEATH
	County Tay
Vi	Hage or City Par Belleno Grove
-	
	PERSONAL AND STATISTICAL PARTICULARS
3	4 COLOR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED (Write the word)
6	3/2/1937-1
7 /	AGE Stillow, (Month) (Day) (Ye
8 0	yrsds. orn
S* (a) Trade, profession or particular kind of work
(t	b) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Aary and
	10 NAME OF PORTH
ENTS	OF FATHER (State or country)
PARE	OF MOTHER Organe Jes
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Wobert Moter/s
	(Address) fancaci (g. Mas)
15	Filed 3/3 182 19 Celler Registro

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.

St.: Ward)

St.: Ward)

16 DATE OF DEATH (Month) ...(Day) I HEREBY CERTIFY, That I ottended the deceased from that I last saw halive on and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration)yrs.nios.... Contributory Secondary (Address) the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death. __yrs.____mos.___ ...yrs......mos.... Where was disease contracted, if not at place of death?

best Moberts. Rlange

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houselaborer, Farm laborer, Laborer—coat mine, eve. woul-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., For many occupations a single word or term or especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Nomenclature (Manus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

7 AGE

PARENTS

PLACE OF DEATH

2FULL NAME

County Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 2

Village or City Hagerstown (No.308 No. Jonsthan Street St. 5 W.

Katie W. Robinson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSO	NAL AND STATIST	ICAL PARTICULARS
SEX	4 COLOR OR RACE	SSINGLE, MATTIEC
Female	Colored	WIDOWED. OR DIVORCED (Write the word)

DATE OF	DIKIH			
	April	5,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.87
			(Dead	

				[If LESS than
57 yrs.	11	_mos	13 d	day_hrs.

	(a) Trade, profession or particular kind of work	ome Work
1		

(b) General nature of industry business, or establishment in which employed or (employer)......

(State or country)	Maryland

O NAME OF		
FATHER	Thomas	Williams

of father Maryland (State or country)

of Mother Mary Miller

13 BIRTHPLACE
OF MOTHER
(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H. Robinson,

(Address) Hagerstown, Md.

5	Filed 3-2/-	1922 Chast Bower

	MEDICAL	CERTIFICATE	OF	DEATI
--	---------	-------------	----	-------

16 DATE OF DEATH	March	18,	, 19252
4.0000000000000000000000000000000000000	(Month)	(Day)	(Year)
17 HEREBY CI	ERTIFY, That	I attended the	deceased from
7 thereby C	192 % to	Men	1927
that I last saw h er			
and that death occurred	on the date s	tated above, at	5:10A _m
The CAUSE OF DEATH	* was as follow	36 1	
Gle	lenge	les	
Lus	lection.	of A,	lea
I W a A	dvan	' X	- //
- /	.gaq(Duration)		1 / /
	Embol		
	(Durstion)	y15	mosds
(Signed)	1 1	/	ed M. D
192 ((Address)	ageist	over, Uld
*State the Disea Violent Causes, state Accidental Suicidal or	(1) Means o	eath or, in f Injury and	deaths from (2) Whether

Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Teller or Italian and	
At place of deathyrsmosds.	In the Stateyrsmosds
Where was disease contracted,	

Former or usual residence.....

Rose Hill Cemetery

March 21, 132

20 UNDERTAKER

Fred W. Kraiss, Hagerstown, Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, us. At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Form luborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH .	(R3)
County Nashingfor)	Registration Dist. No. 30
Village or City Hagrinslower ma	No. 142 South Locust & 3 War
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cold or town where teath occurred	ds. Jow long in U.S. if of foreign birth?yrsmosds
2. FULL NAME CAMPAGE COURTS	avere
(a) Residence: No. 145 Locust St	St., Z Ward,
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	3 . 14
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Kanneth Soules	22. I HEREBY CERTIFY That I attended deceased from
10000acc	Tel 29 - 1932-10 Here 14, 1937
6. DATE OF BIRTH (month, day, and year) 12-6=1897	I last saw here alive on 7000 / 9 , 1932; death is sal
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 3.34m.
34 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	(organing - williams
	of mercuy-
9. Industry or business in which work was done, es SILK MILL, Housework SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the countries of the co	
10. Date deceased last worked et this occupation (month and spant in this	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) & oonstoon had	Other Contributory Causes of Importance:
(State or country) Mashing Fore Co	Intestura Newstrage
13. NAME Villiam & Griffith	A Mest Culiac Becommendation
14. BIRTHPLACE (city or town) Cakles hilles have	Name of operation Roll Date of
(State of conflict)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Boons boon hel	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Boonsbook hule	Accident, suicide, or homicide? Secured Date of Injury
(State or country) Wellington Co	Where did Injury occur?
17. INFORMANT / Carrella Savella	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagestown mod	
18, BURIAL, CREMATION, OR BOMOYAL	Manner of injury
Place Date 3 = / 0 , 1932	Nature of Injury
19. UNDERTAKER & & Duringu & Co	24. Wes diseese or injury In eny wey related to occupation of deceased? 700
(Address) Templysvelle ma	If so, specify
20, FILED 3-16-1932 6 Mast Howers	(Signed) Tany Klausy W. M. I
Registrar.	(Address) 121 West Oraquestany
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

April 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 N. B. 03269

County Washington	No. Believe How & Ward
1	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME se Sahundler (a) Residence: No. Bulknows I forme	St. 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) Male White Hukuwu	21. DATE OF DEATH Year (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Thu I 1932, to Thur 14, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 9. 36.2m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
II 13. NAME Ankum	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME (State or country) 19. Maltur C. Walf	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oete of injury Oeter of injury Occur? Ospecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Laguettern Maloate March 16, 193	Manner of Injury Nature of Injury
19. UNDERTAKER LET # Minimals (Address) Loguette 20. FILED 3-16-132 blas # Bowers	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	- 1204
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interstitial nephrilis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1932	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	PLOTE THE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAL	N
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state JPA-	1. PLACE OF DEATH	<u> </u>
	county Mashina Con	Registration Dist. No. 302
should	Village or City YOU Q CYS You Y	No. Wash Co Hospital . st. 3 ward
- 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
CIAN	The state of the s	ecls
SIC.	(a) Residence: No.20 12 Bell View H	CSt., D Ward.
HY t s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
xac	3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E H	OR DIVORCED (write the word)	11 arch 30 1932
rr.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Siff	HUSBAND of Cory WIFE of	22. HEREBY CERTIFY, That I attended deceased from
EXACT I	La in,	Werch 28 ,1932, 10 Weich 30 ,1932
	6. DATE OF RIRTH (month, day, end year) www 22-1898	I last saw h war alive on ware 30, 1932, death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
stated properliertifica	34 2 8 ormin.	were as follows: Date of onset
be so of ce	8 Trade, profession, or particular kind of work done, as SPINNER, Plas Vlve V	Traumatio herrie a & degliegue
		Medeling from Chelledsen of
ould may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	against while a are date
sh	11 Total time (veste)	occura
T T T	this occupation (month and year) Will 1932 spent in this 2715	Other Contributory Causes of importance:
A o t	12. BIRTHPLACE (city or town) Maglystown	melino thorax of left Chart
ed. s, s	(State er country)	A
supplied. AGI n terms, so tha	13. NAME George A Schlotter Red	
sup in to See	13. NAME (Seorge A Schlotter Red) 14. BIRTHPLACE (city or town) Hagers town	Name of operation Coffendary Coralone Date of 3/18/32
lly S	(State of country)	What test confirmed diagnosis? They to fully Was there an eulopsy? 400
eful in r	15. MAIDEN NAME Y & HILL DY AGUN & Y 16. BIRTHPLACE (city or town) Hugly Stown	23. If death was due to external causes (VIOLENCE) fill in also the following:
Y, car 'H	5 16. BIRTHPLACE (city or town) Hagly SY 6 wm	Accident, suicide, or homicide? Declarate Date of injury 3 1 27, 193. 2
INLY, WAS be careful EATH in I	(State or country)	Where did Injury occur? (Specify dity or town, county and State)
	17. INFORMANT III YS John II. J. Chloney begle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) Rayly Stown ITTA	(5- 2- 2 4
N 10 10 12	Place / + spoultoury le Date 4-2-, 1932	Nature of injury Bod was thrown against Steerinforce
-wkith mation s CAUSE TION is	It IS MANY	0 7.81
CA	19. UNDERTAKER T. T. C. L. W.	24. Was disease or injury in any way related to occupation of deceased?
一个	(Address) 32 Starthsweet	(Signed) B til Trumbon M. D.
z)	20. FILED , 19 Registrar.	(Address) Hogestorm Ind
Lead		2411 N. Charles Street, Ballimores Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Address)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 7 1932	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Stuporous			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
of pentouites the fivas lumble to determine the ca	very evidence
	12rior
with no medical attention	1

V. S. No. 1

0)		
state UPA-	1	PLACE OF DE
PIN		County Was
should of OCC		Village or City
NS ut o		Length of residence in
IAI	2	FULL NAME
PHYSICIANS of statement o		(a) Residence: No.
PH	2000000	PERSONAL A
Y. PI Exact	3. 5	emale 4.co
XACTLY. classified. E	5e.	If married, widowed, or d HUSBAND of (or) WIFE of
E X clz	6. I	OATE OF BIRTH (month,
stated properly sertificat	7. /	
be of	LION	8. Trede, profession, or kind of work dor SAWYER, BDDKK
should it may n back	OCCUPATI	9. Industry or business work wes done, of SAW MILL, BAN 1D. Date deceesed last
AGE sthat i	ŏ	this occupation (
so	12.	BIRTHPLACE (city or tow (State or country)
erms, instru	ER	13. NAME B
y sup ain te See	FATH	14. BIRTHPLACE (city of (Stete or country
full n pl nt.	1ER	15. MAIDEN NAME
be carefully supplied. EATH in plain terms, important. See instru	MOTHER	16. BIRTHPLACE (city et (State or country
l be DEA imp	17	INEDRMANT Ben

1. PLACE OF		OF MAR	YLAND—	CERTIFICATE (JF DEF	41H		0327
County Washington				(a)	Registration	Dist. No.	3//	/
	ity Fairplay			No.			St.	Ward
				f death occurred in a hospital or institution. How long In U.S. if of				
	ME Still-B		and the same of the same of	non long in old	Torong in Britain .		!!	1031
(a) Residen		1rth	Shank.	St., Ward.				
(a) Residen	ce. No	(Usual place	of abode)	, St., Watu.	If nonresiden	give city o	r town and	d State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CE		E OF D	EATH	
1 sex female	4. COLOR OF PACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	(Month)	25 • (Day)	1932	, 193 (Year)
Se. If married, widow	ed, or divorced							
HUSBAND of (or) WIFE of none				CERTIF	/	attended	deceased from	
S DATE OF RIPTH (month, day, and year)	Mar. 25.	1932	Hast saw he alea	d		. 19	; death is said
7. AGE Yea	[slbirth Months	Deys	If LESS than 1 dey, hrs.	to heve occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		o Am.	tance	Date of onset
8. Trede, profes	osion, or particular vork done, es SPINNER, BDDKKEEPER, etc.	none		Atiebom				- Late of onset
NOTE A STATE OF THE STATE OF TH	business in which s done, es SILK MILL, L, BANK, etc			-				-
D. Date deceese this occupyear)	ed last worked et pation (month end	spa	ime (years) nt in this upation					-
12. BIRTHPLACE (cit (State or cour		lay Md		Dther Contributory Causes of Impor	rtance:			
1	Benjamin	Shank		-				
13. NAME 14. BIRTHPLACE (Stete or	(city or town)	eryland		Name of operation			Date of	
1				What test confirmed diegnosis?	-			eutopsy?
15. MAIDEN NAME Grace Houser 16. BIRTHPLACE (city or town)Sharpsburg Md (State or country)			Accident, suicide, or homicide?		Date of inju	ury	, 19	
17. INFORMANT Benjamin Shank (Address) Fairplay Md 18. BURIAL, CREMATION, OR REMOVAL			Specify whether injury occurred in NDUSTRY, in HDME, or in PUBLIC PLACE.			te) .ACE.		
			Menner of injury					
Plece. She	rpsbirg	Ma Date Nat	25-19-32	Nature of injury				
Piece Sharpsbirg Md Date Mar: 25.19-32 19. UNDERTAKER Albert Leaf (Address) Williamsport Md			24. Wes disease or injury in ony wa	y related to occ	pation of de	ceased?		
20. FILED / // //	125,182	asaku Hi	1910 our Registrar.	(Signed)	whis	- Til	u 7	m/ M. [

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 2 12	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 2011 V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year
ADDIMIONAL CDACK	TOD TITLDETT	THE COMPANY AND THE PARTY AND	
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

03273

1. PLACE OF DEATH		
County Washing town		Registration Dist. No. 🕺 3 0 L
Village or City Lectural	ing mil	No. St., War
Length of residence in city or town where de	1	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME My Com	anda P. Si	lick "
(a) Residence: No.		St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	- 00 . 6	22, / I HEREBY CERTIFY/That I attended deceased fro
over	(slick	March 14 ,1932, to Morel 16, 193:
6. DATE OF BIRTH (month, day, and year)		I last saw har aliva on March 6, 1932 death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc.	ousekleper	bronchites the ma a Chome
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Suit	tyling and	Other Contributory Causes of importance:
(State or country) Has \(\text{\$\exititt{\$\text{\$\e	Elisa.	General artenorationis
13. NAME David . Friday	eitherburg.	Name of operation
(Stata of country)	us low 400 and	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eligade	lette Brown	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eligado 16. BIRTHPLACE (city or town) (Stata ar country)	is love los sul	Accident, suicide, or homicide?
17. INFORMANT Ms Jaliu (Addrass)	Auff.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CHIEF	Date March 197, 1932	Mannar of injury
19. UNDERTAKER See 15. 14	wy my	24. Was disease or Injury in any way related to occupation of daceasad? % .
20. FILED, 3/17 1932 J.H	Wishard Registrar.	(Signed) Muly (. Wishing M. M. (Address) 236-N. Otomae SK Heges

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis MAN 7 1932	1921	Run over by street car-	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6327
1. PLACE OF DEATH.	940
County Washington	Registration Dist. No. 300
Village or City Sharps brung Md	N.
(If	N0St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME WMW. M. Snavaly	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED DIOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR of RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED the word)	21. DATE OF DEATH 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Joseph morvely	2.30 ,1932, to 3, 14 1932
6. DATE OF BIRTY (month, day, and year) Mar 22 = 1855	I last saw h Ev alive on 3 14, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 4 . 3 . Qm.
76 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and elated causes of importance were a follows:
8. Trade, profession, or particular kind of work done as SPINNER	Angina Lectoris Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Housework	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
Sharka low md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Jacob Scott Ca.
13. NAME A arich Sulita	
13. NAME & avid Sufitte 14. BIRTHPLACE (city or town) Thanks bying ma	
(State or country)	Name of operation
1	What test confirmed diagnosis? Was there an autopsy?
Treat will had	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or, country)	Accident, suicide, or homicide?
Harrist Star Out	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Hagastown Model	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Sharkeburg Date Mar 17, 1982	Nature of Injury
0990	
19. UNDERTAKER S. K. Survey of Construction (Address) Revision villa Japon	24. Was disease or Injury in any way related to occupation of deceased?
3/7 17-8-4/3	(Signed) Palla once.
20. FILED. 1907 Registrar.	(Address) 10 11 11 11 10 mil
	1411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	ė	STATE OF MARYLAND—	CERTIFICATE OF DEATH	327
	a d	1. PLACE OF DEATH	93-c	100
tem of	220	County Washing ton	Registration Dist. No. 30	2
	of C	Village or City New Hawkaton	No	War
• • • • • • • • • • • • • • • • • • • •	1 1	Length of residence in city or town where death occurred #40_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and it. ds. How long in U.S. Kof foreign birth?m	number)
Every	nen	2. FULL NAMES Ployens a 71 m Gines	V-1.11.	03
<u> </u>	statement	(a) Residence: No. 2 Land & Alexander	St. Ward.	
ECORD.		(Usual place of abode)	If nonresident give city or town and	State
BC.	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
E p	5	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2
IG T. L.	ġ.	5d. If married, widowed or diversed	(Month) (Day)	(Year)
Z Z S	ssified.	(A) WIFE OF ED.	2270 I AEREBY CERTLEY, That Lattended	deceased from
F 3	clas	Cerus 14.0 mg all	March 10, 1926, to March 10	1936
		6. DATE OF BIRTH (month, day, and year)	I last saw h Marel 10, 1932	; death is sai
A A ted	properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at	
FO IS stat	pro	8. Trade, profession, or particular	were as follows:	Date of onset
IIS HIS	of o	kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.	Change museauditia	Same
ESERVEL INK-THI	may	9. Industry or business in which work was done, as SILK MILL.	The second second	Zrea
ER IK		SAW MILL, BANK, etc		
ES TI	that it	this occupation (month and Massa 1932 spant in this 38		-
. 14		12. BIRTHPLACE (city or town) Near Auffield	Other Contributory Causes of importance:	
	s, so ructi	(State or country)	museurdial lailers	3/10/3
ARG JNFA pplied	terms, instru	13. NAME Richard J. Welch.		11010
	ر م	14. BIRTHPLACE (city or town) 75 harksbyg	Name of operation Date of	
E .	plain Se	(State of country) Many Care	What test confirmed diagnosis? Was there an a	utopsy? Z
		15. MAIDEN NAME Many Florence Webb 16. BIRTHPLACE (city or town) Sharpebong	23. If death was due to external causes (VIDLENCE) fill in also the following	(:
car	EATH in important	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
P S	DEATH y import	\$ 1/2/11	Where did injury occur? (Specify city or town, county and State	e)
Should	very	17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ACE.
Sho		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
WRITE		Place harkshung Date March 1 21932	Nature of injury	- 3
-WRIT	TION	19. UNDERTAKER TUBO, Bast YSon	24. Was disease or Injury In any way related to occupation of deceased?	No
No.	2	(Address) Boouston Md.	If so, specify	
, Z	1)	20. FILED 5-12- 1932 Bhast Howers	(Signed)	m. M. I
- 24	-	Registrar.	(Address) Inquisitions	RHU. I.

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BURDAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	re te	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
0	state UPA-	1. PLACE OF DEATH	(130)
(14)		County Wasning for	Registration Dist. No. 30
	= -	VMBe Graity Vuuells	No. St., Ward
	= 0	Length of residence in city or town where death occurred 3 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. N of foreign birth?
	_ T		9 e V
	CORD. Ever.	(a) Residence: No. Lay (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECORD. PHYSI Sxact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	REC Fxact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
75	L C	temale While Married.	(Month) (Day) (Year)
N.	PERMANEN EXACTI Ily classified. ate.	5a. If married, widowed, or divorced HUSBAND of	22 _L I HEREBY CERTIFY, That I attended decaased from
BINDIN	MA A ass	(or) WIFE of William H.	Murs 1902, 10 mar 21, 193 3
BIN	ERN EN y cl	6. DATE OF BIRTH (month, day, and year) \\ \\ \\ 2 - 1885	I last saw heave alive on 10 , 19 ; death is said
	ed ed fical	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
FOR	IS A PE stated E properly certificate.	46 4 19 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	be sof co	8. Trade, profession, or particular kind of work done, as SPINNER, A DUSEWIFE SAWYER, BOOKKEPPR, etc.	a hel
NE N	<u> </u>	9 Industry or business in which	Vent up mon
S. S.	KK_T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	10 40	11. Total tima (years) this occupation (month and 1932. year) 11. Total tima (years) spent in this 20445.	
RI	NFADING I	\\. \\	Other Contributory Causes of Importance:
Z	. so so ict	12. BIRTHPLACE (city or town) Y G Q & Y S X OW >	The same of the sa
MARGIN	UNFADING supplied. AG n terms, so tha		
[3]	D H to	13. NAME David W Sones 14. BIRTHPLACE (city or town) Hagerstown	Name of operation Data of
2	70	(State or country)	What test confirmed diagnosis? Was there an autopsy?
	Y, WITH carefully H in pla ortant.	15. MAIDEN NAME Darbara H. Swope 16. BIRTHPLACE (city or town) Chews v. He	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
	PLAINLY, William be careful of DEATH in prery important.		Accident, sulcide, or homicida? Data of injury, 19
	PLAINLY, ould be can F DEATH ery import	State or country)	Where did injury occur? (Specify city or town, county and State)
0	LAI Ild DE DE	17. INFORMANT WILL CAME HE DEVINGEY (Address) TO Q CY STOWN MU PED.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(1)		(Address) TO a CY Stown MU KED. 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	- C-1	Place 16 g exstewn Month Mara 17 av 2 3032	Natura of Injury
	WRITE mation s CAUSE TION is	19. UNDERTAKER H. K. COXYMOW	24. Was disease or Injury In any way related to occupation of deceased?
S. No. 1	1 = 0 = 1	(Address) Hogelstown, md.	If so, specify
vi	m ()	20 FILED March 2/20 3 2 George It Brewboker	(Signed) Thurfus M.D.
>	Z	hlyfily Kreal Registrar.	(Address) Ha gestown Pag
12 ×	A. P. S1	auffer If mode blankgare needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUESAU V. S			
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attock of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage APR 7 1932	July 5,1927	Peritonitis	3 days ogo
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

-WIT

V. S. No. 1

of OCCUPA-

STATE (OF MAI	RYLAND-	-CERTIFICATE	OF DEATH
JIAIL		LAIL	CEILLI IOUTE	OI DEALII

1. 5,000

1. PLACE OF DEATH			92-a	10410	
County Washington			Registration Dist. No. 3	03	
Village or CityBigS Length of residence In city or town where	_		No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs.		
2. FULL NAME Sall	ie J. St	ockman			
(a) Residence: No. Big			St., Ward. If nonresident give city or town a	and State	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
Female 4. COLOR OR RACE White		RIED, WIDOWED, O (write the word) W	21. DATE OF DEATH March 30, (Month) (Day)	, 193 2 (Year)	
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Fulderice)	Stock	man	22.) I HEREBY CERTIFY, That I ettend		
6. DATE OF BIRTH (month, day, and year)	April 21	, 1848	I last saw have alive on	Bara and the same of the same	
7. AGE Years Months 83 11	Days 9	If LESS than 1 day, hrs. ormin.	to have occurred on the date steted above, at 5:30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Home Work 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) Washington County			Hay District	4 19	
			Other Contributory Causes of importance:		
(State or country)	Md.		14114		
13. NAME Isaac Newkirk 14. BIRTHPLACE (city or town) (State or country) Indiana			Name ef operation Date of Was there a		
			23. If death was due to external causes (VIOLENCE) fill in also the follow		
15. MAIDEN NAME Ellen 16. BIRTHPLACE (city or town) Berkley County (Stete or country) W. Va. 17. INFORMANT Harry Newkirk (Address) Big Spring, Md. 18. BURIAL, CREMATION, OR REMOVAL Piece Clearspring, Md Date Apr. 2, 1932			Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19	
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
			Manner of injury		
19. UNDERTAKER Fred W. Kraiss, (Address) Have stown, Nd.			24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed)		
	re blanks are needed, a	Registrar,	(Address)	×	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? yrs. mos. ds. Every PHYSICIANS Length of residence in city or town where death occurred statement ECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Day) (Year) PERMANEN BINDING E married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from 5 6. DATE OF BIRTH (month, day, and year) certificate Oavs If LESS than to have occurred on the date stated above, at ... / ... / properl 7. AGE Months FOR 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of enset 8. Trada, profession, or particular OCCUPATION THIS kind of work done, as SPINNER, RESERVED of SAWYER, BOOKKEEPER, etc... may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL. BANK, etc ... 10. Date daceasad last worked at on 11. Total time (years) this occupation (month and spent in this that occupation . instructions MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER See Name of operation plain 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide?____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT very pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE AUSE mation Nature of Injury TION 24. Was disease or Injury In any way related to accupation of deceased: 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. ddress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED. 4. COLOR OR RACE 5. SINGLE MARKED. 5. SINGLE MARKED. 6. SING		state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City - Land 18 and analysis of the service of the shortest or institution, give in NAME instead of since and number) Length of sesidence in city or fown where death occurred 2.1. yrs		- I		707
Village or City - Land 18 and analysis of the service of the shortest or institution, give in NAME instead of since and number) Length of sesidence in city or fown where death occurred 2.1. yrs	W.M.	of of or		Registration Dist. No.
STATISTICAL Celly or flown). Where death occurred with a few colors in U.S. If of foreign birth? TOTAL AND STATISTICAL PARTICULARS 1, SEX 1, SEX 2, FULL NAME 1, Y, Q, Y, C. ((Imalphace of shorts) PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4, COLOR OR RACE S. SINGLE, MARRED, WIDOWDO, OR DIVORCE (write the word) So. If HEREBY CERT IFY, That I sitended deceased from the short stated show, at the stated show, at the short of word one, as SIN MILL, and the short of stated show, at the short of word one, as SIN MILL, and the short of stated show, at the short of stated show, at the short of stated show, at the short of short one should be shown to the short of short one should be short of short one should be short on the short of stated show, at the short of short one should be short on the short of short one should be short on the short stated show, at the short of short one short one short one should be short on the short stated show, at the short of short one short on the short one	199	she she	Village or City - unkstown.	
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DESCRIPTION OF REAL SERVICE AND A SERVICE AN		SIC ate		
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DNOUNT ALL DATE AND THE PROPERTY OF THE PROPER		Ex. Ex		21. DATE OF DEATH
THE PRINCIPAL CAUSE OF BERTH (month, day, and year) The rest of the second of the date stated above, at the second of month and the second of the second o	77	Zia e	temale While Sinule	(Month). (Day) (Yaar)
THE PRINCIPAL CAUSE OF BERTH (month, day, and year) The rest of the second of the date stated above, at the second of month and the second of the second o	Z	C T iffe	5a. If married, widowed, or divorcad HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
BE BY SET THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: ACE	Q	M.A.	(Or) WIFE Of	
Track Policy of State of Country) To go	SIN		6. DATE OF BIRTH (month, day, and year) Febru 12-1910	I last saw h. M. alive on Mar 23 , 1932; death is said
Set of the contributors of		erly icat		
Set of the contributors of	O.	S A		ware as fallows:
SAWYER, BOOKREFER, etc. SAWYER, BOOKREFER, etc. 10. Date deceased last worked at this occupation of month and year) 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER H. H. CON M. M. M. 24. Was disease or injury in any way related to occupation of deceased? 18. Survival of the country of the		Saga	8. Trade, profession, or particular kind of work done as SPINNER.	Subacule bacterial
TONOT THE PROPERTY OF THE PROP	回		SAWYER, BOOKKEEPER, etc.	Endocarditio 2/17/2
TONOT THE PROPERTY OF THE PROP	RV	na)	work was done, as SILK MILL,	Endocarditio Chr
TONOT THE PROPERTY OF THE PROP	E		10. Date daceasad last worked at I1. Total time (years)	
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Place Faculty Town Mane Way 25, 19.32 Nature of injury Nature of injury 19. UNDERTAKER H. M. Cox V. M. M. 20. FILED 3- 244, 19.32	9	ADDA		Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place.
Place Public Town Mate Wax 25, 19.32 Nature of injury 19. UNDERTAKER H. M. COXY MUM (Address) 20. FILED 3-24, 19.32 Solvent Bruses Registrar. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) L3.6 W Washington St.	9			Manner of injury
(Address) Works Sown ITa, If so, specify 20. FILED 3-24, 1932 Colosoft Boules Registrar. (Signed) A: S. Porterfield M. D. (Address) L3.6 W. Washington St.			Place Lunes Town Mulate Mar 25,1932	
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20. FILED 3-24, 1932 lokosffBoules (Signed) 136 W. Washington St.	10.1	TCH		
		(T)	20 FILED 3-24 1932 Pokost Brusers	(Signed) A. J. Vorleyeld M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Þ.	3	Registrar.	(Address) 136 W. Washington St.
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APR 7 1039			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

	1 PLACE OF DEATH	STATE OF MARYLAND
	PLACE OF DEATH	CERTIFICATE OF DEATH
Co	ounty ashing on	3 1
2 .		Registration Dist. No.
Villa	1/20 1/12.	Ward) (If death occurre a hospital or ing
	2 FULL NAME Donald Engane Fring	borne tion, give its NAM) stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Friede	16 DATE OF DEATH Man 10th
7.	1 A WIDOWED OR DIVORCED	(Month) (Day) (Y
la	le (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased
B DA	ATE OF BIRTH	brit 192 , to ,1
	March 1- 1932	that I last saw hum alive on Man 9 h
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
AG	II LESS than	The CAUSE OF DEATH & was as follows:
	dayhrs.	Lobar Sheunonia
8.00	CCUPATION	
10	Trade, profession or	
-	rticular kind of work	(.
bu	isiness, or establishment in	(Duration)yrsmos
	hich employed or (employer)	Contributory
	(State or country)	My Duration) yrs, mos
	10 NAME OF	SVV Mich
	FATHER Emest Munt our	(Signed) Plo 1037/11 Plos Musing W
2	II BIRTHPLACE	(Address)
FNA	OF FATHER (State or country) Ned.	*State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
0.	Mildred Larena solon	lents, or Recent Residents)
1 8	13 BIRTHPLACE OF MOTHER	At place of death yrs mos da, State, yrs mos
14 00	(State or country) A Grand	Where was disease contracted, if not at place of death?
14 1	THE ABOVE IS TAKE TO THE BEST OF MY ANOWLEDGE	Former or
	(Informant) Conumpour	usual residence
1	Show Clean Thring Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
~	Address	March 10.1
X	(104,000)	Total Title
15	March 11032 1 ca march	20 UNDERTAKER ADDRESS
15 F	File March & 1932 J. C. Musica, Registrar	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus: Farmer_irc state occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on 10 At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first. the pissesses causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

ingex, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as Accinental, suicidal, or Homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasics; unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by head of "contributory." quences (e. g., sepsis, totanus) may he stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railread as probably such, if impossible to determine definitely Whooping cough; Nomenclature of the American Medical Association.) State cause -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under Chronic valvular (Recommendations on state-Example: Measles heart discuse; Committee on (second-(discase (merely "Conetc.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

URRAU

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
STATE OF MARYLA	/5]
County Magneral Village or City Magner Stown	Registration Dist. No. 30 2
Village or City Vala (YS) ow Y	No. Wash Co. Hospital st, 3 ward
Village of only 11 a y C 1 5 1 0 cm	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Howard E. 1	urner Tr.
(a) Residence: No. # 7 Green R	ow Security Ward.
(Usual place of abode	e) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORDIVORCED (write	
Mala Mhile Single	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Feb 1 3 ,1932 to mar 13 ,193 2
C DATE OF DIDTH (worth day and was)	1 1923 Hast saw h um alive on Man. / 3 , 1932; death Is sai
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If	LESS than to have occurred on the date stated above, at 1:00 Pm
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 9 Yeards systemation as particular	nin. were as follows: Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
9. Industry or business in which	Broughor braining
work was done, as SILK MILL, SAW MILL, BANK, etc.	Transper
	(15)
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Decuy 1 14	Eripifilas
(State or country)	
13. NAME HOWARD TUYNE 14. BIRTHPLACE (city or town) Tilany 1995	ν
2 14. BIRTHPLACE (city or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Le Hie Stevens	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Lette Stevens 16. BIRTHPLACE (city or town) Maxtinsbu	Accident, suicide, or homicide?Dato of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT HOWard lurner	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Security Md	
18. BURIAL, CREMATION, OR REMOVAL PIECE TAY 1 NS DWG WY Date Tay 1	S 1932 Manner of injury
Plecallul I I I S DWG WITE Date 1119	Nature of injury
19. UNDERTAKER H.K. COXX man	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Hagetskown, mo	If so, specify
20, FILEO 3-15- 1932 Chast Bock	(Signed) Affillelle fairpears, M.
	Registrar. (Address) Than Control My
If more blanks are needed, address S	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

0

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Wash	CERTIFICATE OF DEATH
an a	Registration Dist. No. 307
Village or City Leverton (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Ellen Viola W	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH MALA
Genule While Widowed. OR DIVORCED (Write the word)	MASSA (Month) 2 (Day 93 & (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
am 15	192 (.10 All Ch. 5, 1923
(Month) (Day) (Year)	that I last saw hale alive on Manager, 1923,
7 AGE If LESS than	and that death occurred on the date stated above, at 3, 20, m.
70 yrs. 10 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Coulded the state of the state
(b) General nature of industry	recover comourses
business, or establishment in which employed or (employer)	(Duration) yrsds.
9 BIRTHPLACE	Contributory (Contributory Con
(State or country)	Secondary WG OSS R
10 NAME OF	(Duration) yrsds.
FATHER John Junes	(Signed) M. D.
II BIRTHPLACE	(Address)
CStato or country)	*State the Disease Causing Death, or, in deaths from Vicent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME AMAR A DURA.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER 10/1/4	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	Former or
(Informant) Louna Winks	usual residence
(Address) Weverton mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
Filed March 7 1933 Cornelius Nr. Castle	PAtonita Han But Ind
Westury	, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

Emplies a Cartle

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) Sninner. (b) Cotton mill; (a) Salesman, (b) Grocery: nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SURBAU

V. S. No. 1 B

should state

STATE O	F MAR	YLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH			131)
County Washington			21 M Registration Dist/No. 301
Village of City Williamspo	ort	(If	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where d	eath occurred 2	Oyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Edward	F. Wint	ers	
(a) Residence: No. William	Sport, (Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH March 27, (Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary E.	Winters		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ovember	3, 1866	I last saw h alive on 3/26 , 1932; death is said
7. AGE Years Months 6.5 4	Days 24	If LESS than 1 day,hrs. ormin.	more as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labore:	ime (years)	ch mi Ando Carde Fix Date of onest
12. BIRTHPLACE (city or town) Nercel (State or country) Pa	rsburg	ntin this upation	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Merce			Name ef operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Margaret	Shacks		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Margaret 16. BIRTHPLACE (city or town) Merce (State or country)	ersburg Pa•	ŗ	Accident, suicide, or homicide?
17.INFORMANT Mrs. Mary H (Address) Williamspor		ers,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceWilliamsport, 1	Idote Marc	ch 30,19.32	Manner of injury
19. UNOERTAKER Fred W. Kr (Address) Hagerstovr		tal	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. C. D. Kulle M. D.
If more	blanks are needed,	Registrat.	(Address) Hafels Town Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUELAU V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u>(M)</u>
item of should of OCC	Village or City 1 4 4 4 5 10 wm	No. 827. Mary y land Hy co st, 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
~ W		ds. How long in U.S. if of foreign birth?yrsmosds.
CORD, Every PHYSICIANS act statement	2. FULL NAME Susan WOLV	
	(a) Residence: No. 827 TTaryland Ave	St. 2 Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANEN E X A C T I ly classified.	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
MA WA	(or) WIFE of Samue	May 1 192 to Mar -7 1924
SIN ERN E X	6. DATE OF BIRTH (month, day, and year) 2 (1 1/11 2 - 1847	I last saw here alive on Mar / 1974; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. P. m.
FOR IS A P stated properl	2 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
5	8. Trade, profession, or particular kind of work done, as SPINNER.	Calum relevas
ED CHIS	kind of work done, as SPINNER, Wousewite	Penilla ?
ERV]	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
INK INK E sh t it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (manth and year) 1/9.82 spent in this occupation.	
ARGIN RESTANTING INPLINED IN AGE IN A	12. BIRTHPLACE (city or town) 1/20 4 m/85 burg (State or country)	Other Contributory Causes of importance:
RG NF. plie rms	# 13. NAME John Carlyn-	
MARGI WITH UNFAR efully supplied in plain terms, ant. See instru	14. BIRTHPLACE (city or town) V. D. V. M. Las Durg.	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
w w w w w w w w w w w w w w w w w w w	15. MAIDEN NAME No Record	23. If death was due to external causes (VIOLENCE) fill in also the tollowing:
	15. MAIDEN NAME No Record 16. BIRTHPLACE (city or town) NO Record (State or country)	Accident, suicide, or homicide? Date of Injury, 19
AINLY, Id be can DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
should of DE S very is	17. INFORMANT - Yans H. Wolk (Address) Kagers Your Tital	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITK mation s CAUSE TION is	Place May St Old M. H. M. Oate May 7 , 19.3 4	Nature of injury
S. No. 1 B.—WRIT mation CAUS TION	19. UNDERTAKER H-12. COXX May (Address)	24. Was disease or injury in any way related to occupation of deceased?
S X T	20. FILED 3-9-, 103 > 6 has H Breech Registrar.	(Signed) (Address) M. D. (Address) M. (
Da Derro.	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis ADD 7 1039	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	2 2 2	STATE OF MARYLAND—	CERTIFICATE OF DEATH
3.0	infor- state UPA-	1. PLACE OF DEATH	107-0
		county Mashington	Registration Dist. No. 302
1	should of OCC	Village or City Reid!	No. St. Ward
	S		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
1	CORD. Every PHYSICIANS act statement	2. FULL NAME Edna TT QU NOIX	
		(a) Residence: Non ear Reid.	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E A E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TO arch le 1037
5	C T L ified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
4	RMANEN X A C T I classified	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
Z	EXA EXA class	The let was	
M M	PE Iy ate.	6. DATE OF BIRTH (month, day, end year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h alive on , 19 ; death is said
)K	IS A PE stated E properly certificate	a l day,hrs.	to have occurred on the dete stated above, at
-	sts sts pr	8 Trade profession or particular	were es follows:
3	HIIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	neumonia
>	ould may back	9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
が 至	Sh it sh	U JO, Date deceased last worked et 11. Total time (years)	
3	(T)	this occupation (month and spant in this occupation	Other Contributory Causes of Importance:
	NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Hager Slown	Other Contributory Causes of Importance.
3	FAI ied. ns, stru	(State or country) Tayyand	
AK	UNI suppl n tern ee ins	13. NAME Claude C. WOLK 14. BIRTHPLACE (city or town) U. N. P. M. Byildge	
E	E - CO	14. BIRTHPLACE (city or town) W. N. T. M. Py'd 9.	Name of operation
	MITH fully n plain nt. S		What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
	ire Lin	15. MAIDEN NAME TSSE C. SOUKS 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date af injury
	INLY, be cal SATH import	(State or country)	Where did Injury occur?
	PLAINLY ould be ca IF DEATH ery impor	17. INFORMANT Claude C. VICOLY	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	should OF D	18. BURIAL, CREMATION, OR REMOVAL	
		Place any Mendows Med Date Max 18, 1932	Manner of Injury
	-WRITE mation s CAUSE TION is	FIG OW	Nature of injury
0.	TCH	(Address)	24. Was disease or injury in any way related to occupation of deceased?
ń	CO T	20 FILED 3-17- 32 6 host Bowers	(Signed) Transport of Inversey M. D.
>	The state of the s	Registrar.	(Address) acting grover
	a Juneau	If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore Requesting & No yellown,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

J	2.0	03287	
. A	1. PLACE OF DEATH (Dist. No. 202)	Series No Division of Vital	Statistics
State	County Mashing ton	(B7) West Virginia State Department of Healt	h
S should state		CERTIFICATE OF DEATH	
S should OCCUPA	District		
5 /	Town or City Lagerstown	No. Haspital St. S.	***
	(IF OBATH OCCURRED) IN	A NOSPITAL OR INSTITUTION, GIVE ITE NAME INSTEAD OF ETREET	ANO NUMBER)
	2. FULL NAME		
orange de la company de la com	(a) Residence. No. 22 6 Al Al Altrice	X St., 4 Ward.	D04 0 0 001 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(UEUAL PLACE OF ABOOE) Length of residence in city or town where death occurred yrs.	mos. days. How long in U. S. A., If of foreign birth?	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH MARCHI	32
	Male White Married	(month, day and year)	1906
	5e. IF MARRIED WIDOWED OR DIVORCED Husband of	19.3 to March 4 19.3 I lest as	1//
	(or) Wife of Suson Matter 18. DATE OF BIRTH	on March 3, 1932, death is said to have occurred o	
	(month, day, and year)	- above at /// U, m	
	The state of the s	The principal cause of death and related causes of importance in order of onset	were as follows:
e e	1 8. TRADE, PROFESSION, or particular (7)	Appertrophies pros-	1.00
cer timear	kind of work done as soloner	tifty, I sep	4.11.1951
١	work was done, as slik mill, saw	- Marielmy - Mar	v.1.1932
ı	sawyer, bookkee or cto. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank etc. DATE DECEASED LAST WORKED at 11. TOTAL TIME (years) this occupation (month and spent in this	- I provi	11/10/
ı	year) @ccupation	Contributory causes of importance not related to principal cause:	
1	12. BIRTHPLACE (olty or town) Mach 200	Septiesemafollowing	77 7715
ı	(State or Country)	prostatectiony ma	N.L., 1936
ı	13. NAME Name Name	Name of operation Tristatus may Date of	Lav. 1,193
ı	14. BIRTHPLACE (City or Town) Mass Co-	What test confirmed diagnosis?	
1	1 Mariano	Was there an autopsy?	
ı	15. MAIDEN NAM and flageo Nowleur	6. If death was due to external causes, fill in size the following: (Check) Accident—Suicide—Homicide? Date of injury	10
ı	5 16. BIRTHPLACE (City or Town) Mash (State or Country)	Where did Injury occur?	
	maryland	(Specify City or Town, County, and Stat	
	17. INFORMANT ALLA SULLAND MARKET (Address) 2-26 11 Portomas so la curation	Check whether injury occurred in industry home public Manner of injury	c place
	18. BURIAL, CREMATION, OR REMOVAL	Nature of Injury	***************************************
	Place Marzas Date 3/6 1932	24. Was disease or injury in any way reinted to opcupation of deceased?	If. co.
	19. UNDERTAKER Of Stationer At Downing	24. Was disease or injury in any way related to occupation of deceased?	If, eo,
	11/2 1/2 1/2 1/2	1/1/2	If, eo,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	EXAMPLE II	
Date of onset	The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Contributory causes of importance not related to principal cause:	
	Influenza	6 weeks ago
May 3, 1927		
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance in order of onset were as follows: Attack of epilepsy Run over by street car Peritonitis Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage APR 7 1932	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BDR	July 5,1927	Peritovitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year